



Psychology Internship Program

VA Long Beach Healthcare System
5901 East 7th Street (06/116B)
Long Beach, CA 90822
(562) 826-5604
<http://www.longbeach.va.gov/>

APPIC MATCH Numbers:	General Track	112911
	Neuropsychology	112912

Applications Due: October 30, 2015

Accreditation Status

The doctoral internship at the VA Long Beach Healthcare System is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 e-mail: apaaccred@apa.org
Internet: <http://www.apa.org/ed/accreditation>

Application and Selection Procedures

Criteria for Acceptance into the Program

Consistent with VA policy, internship funding can be provided only to students who are U.S. citizens and enrolled in APA-accredited doctoral programs in clinical or counseling psychology. In addition, we require that a prospective intern's university advisor or director of training verify readiness for internship on the Application for Psychology Internships (AAPI Online). Only 52-week full-time internships are available.

Application Process

We rely on the Association of Psychology Postdoctoral and Internship Centers' (APPIC) portal for all application materials. We expect at least three years of doctoral level study and 450 hours of practica intervention and 100 hours of assessment experience. Along with the usual materials requested by the APPIC Application for Psychology Internships (AAPI Online), we ask that your cover letter specifically indicate if you are applying to the **General Track** or the **Neuropsychology Track**. Additional information about these tracks can be found below in the section titled "Program Structure." Applicants can only apply to **one** track. Cover letters should also state how you see our internship furthering your training in psychology and how completing an internship with us will fulfill your career development goals and aspirations. Please consider your interest in VA Long Beach carefully, because in 2014 we had 158 completed applications for only six internship slots and often we've had close to 200 applications. The VA Long Beach doctoral internship program is committed to providing access for all people with disabilities and will provide accommodations if we are notified before the interviews. Reasonable accommodation requests for the interview process are readily entertained and expedited by the training faculty.

Please contact the Director of Training if you have any questions.

Gretchen Sholty, Ph.D.,
Director of Training, Psychology
VA Long Beach Healthcare System
5901 East 7th Street (06/116B)
Long Beach, CA 90822
gretchen.sholty@va.gov

Phone: (562) 826-5604
Fax: (562) 826-5679



Candidate Interviews

All application materials will be reviewed by the training staff. Candidates will be informed by e-mail by December 11th as to whether or not they have been invited for a personal interview. This is typically about a third of the total applicant pool. Interview days will occur **Jan 6th, 11th, 13th, and 20th**. Please contact the Director of Training by Dec 14th if you haven't heard from us. Your interview day will start with a general orientation by the Director of Training (Dr. Gretchen Sholty) and Assistant Directors of Training (Drs. Deirdre Lopez and Duke Han), followed by individual interviews with two staff members. We will make every effort to match you with two of your top five choices for staff interviewers. Following interviews, candidates will hear presentations from all staff about their rotations and have lunch (provided by VA Long Beach staff) with our current interns. At the end of the day, there will be an "open house" format, when candidates will be afforded the opportunity to meet with additional staff members who are key to their rotation interests. While the staff presentations, intern lunch, and "open house" are great ways to learn more about the internship training program, intern candidates are not required to attend them. We adhere strictly to the selection process guidelines established by the APPIC.

Match Process

We follow the match policies established by APPIC. As noted in the "Program Structure" section below, we have two separate tracks with separate match numbers: **General track** (APPIC Match Number: **112911**) and **Neuropsychology track** (APPIC Match Number: **112912**). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the APPIC National Matching Program at <http://www.natmatch.com/psychint>.

Entering into the VA as an Intern

Prior to beginning the internship year, incoming interns will need to complete a variety of paperwork required by the U.S. Department of Veterans Affairs and the Office of Academic Affiliations. Additionally, incoming interns are required to have their Directors of Clinical Training (DCTs) of their graduate programs complete the Trainee Qualifications and Credentials Verification Letter (TQCVL). In this letter, DCTs will need to certify that interns have satisfactory physical and mental health to perform the duties of the training program they are participating in with the VA as well as have had Tuberculin testing, Hepatitis B vaccination as required by the Centers for Disease Control (CDC) and/or VA standards or have signed a declination waiver. If the intern's DCT requires specific medical tests to certify these items, it will be the intern's responsibility to receive these medical tests from an outside provider.

Psychology Setting

The City of Long Beach is located along the California coast in southern Los Angeles County, adjacent to the border of Orange County. Originally becoming popular as a seaside resort in the late 19th century, Long Beach is the seventh largest city in California with an ethnically diverse population of almost a half

million people. Its harbor is the home of the famous luxury liner the Queen Mary and the Port of Long Beach, which is the busiest closed container-shipping center in the United States. The area abounds with many recreational, entertainment, cultural, and sporting facilities.

Our VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based outpatient clinics (CBOCs) located in West Long Beach (Villages at Cabrillo), Anaheim, Laguna Hills, Santa Ana, and Whittier. VA Long Beach is a part of the Veteran's Integrated Service Network (VISN) 22, which also includes the Southern Nevada VA, San Diego VA, Loma Linda VA, and the Greater Los Angeles Healthcare System consisting of the West Los Angeles VA, the Sepulveda VA Ambulatory Care and Nursing Home, the Los Angeles Ambulatory Care Center, and outlying clinics. Our medical center has been undergoing extensive renovation with two large new buildings, and it is located adjacent to California State University Long Beach. Residents from The University of California at Irvine (UCI) Medical School rotate through Long Beach Memorial Medical Center, VA Long Beach, and UCI Medical Center, which is 13 miles east of us. Through July 2015, our medical center has 356 operating beds with an average daily census of 272. By September 2015, staff at VA Long Beach will likely treat a total of 11,723 inpatients and 657,611 outpatients at the medical center alone. With five surrounding community-based outpatient clinics accounting for an additional 69,500 visits, VA Long Beach Healthcare System is expected to conduct over 727,000 outpatient visits by the end of September 2015.

Established in 1947, the Psychology Training Program has always been considered a significant component of mental health services and it has been fully integrated into the VA Long Beach Healthcare System. Since 1980, we have trained 268 doctoral interns (218 clinical, including 12 from Psy.D programs and 38 counseling psychology), representing 85 graduate programs from around the country. The internship program was initially granted accreditation by the American Psychological Association in February 1980. Also, for many years we have been training practicum students, typically from local universities, and this year we will have our eighth class of postdoctoral fellows in seven specialty areas.

All staff psychologists are members of the Mental Health Care Group and our Chief of Mental Health is psychiatrist, Lawrence Albers, M.D. Our Chief Psychologist is Jeffrey S. Webster, Ph.D., and our Directors of Training are Gretchen Sholty, Ph.D. (Training Director) and Drs. Deirdre Lopez and Duke Han (Assistant Training Directors), who are advised by the Executive Training Committee. Elizabeth Horin, Ph.D., is the Director of our postdoctoral fellowship program, first funded in 2008. Over half of the total number of our training psychologists has been hired in the past 10 years, especially in the areas of neuropsychology, spinal cord injury, PTSD, Women's Mental Health, Behavioral Health Interdisciplinary Program, and Primary-Care Mental Health Integration. Also, we have two psychology technicians who administer our psychological testing lab and our vocational counseling program.

Naturally, the generalist training that we provide is highly influenced by our being a VA healthcare facility. Like all VA training programs we serve primarily adult veterans and some active military service people, the majority of whom are male, although an increasing percentage of younger veterans and active duty service members are women. Because we are also a general medical and surgical facility as well as a broad provider of psychological and psychiatric services, several of the training opportunities that we provide have a health psychology focus.

Training Model and Program Philosophy

Our Psychology Doctoral Training Program at the VA Long Beach Healthcare System is committed to close supervision and competency-based training in a highly collegial setting. We endorse the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. We are guided by both the original Boulder Model (Raimy, 1950) and the update of the scientist-practitioner model as articulated at the 1991 Gainesville conference (Belar & Perry, 1992). Interns are strongly encouraged to complete the defense of their dissertations before they seek any research on their internship.

Prior to our internship, candidates are expected to have a solid grounding in the science of psychology. We can teach generalist psychology and evidence-based treatments, but we have to assume that our interns come with the underlying scientific rigor that can only be provided by their undergraduate and graduate programs. No differentiation is made between clinical and counseling interns with respect to the content of their clinical training experiences. Rather, we tailor our internship program to meet the individual training needs of each intern. Although our psychology staff provides a number of specialized services, we believe that training in clinical and counseling psychology at the doctoral level should be broadly based rather than narrowly focused so interns have one last chance to immerse themselves in new areas of clinical endeavor.

The program follows a traditional one-to-one apprenticeship model in which the intern works closely with and often literally alongside her or his supervisor. Primary areas of skills are in clinical assessment and intervention, consultation, research and other scholarly inquiry, and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

Program Goals and Objectives

The overarching mission of our Psychology Internship Training Program is to train psychology students who will attain general entry level practice competencies and can function effectively as professional psychologists in a broad range of interprofessional settings. The primary goal of our internship program is to train interns to provide an array of psychological services within a general healthcare facility in order to gain the requisite competencies to go on to academia or postdoctoral fellowships in psychology. We provide our interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and solidly trained graduates who are ready to move on to specialized postdoctoral training settings or academic and research positions. One primary objective is to expose our interns to an increasingly complex array of treatment approaches and therapeutic challenges as they progress through the internship year. In keeping with our apprenticeship model of training, this progression to more complex and independent practice is also a goal within our rotations. Specific goals within that primary objective are spelled out in our intern competencies discussed below in the section titled "Requirements for Completion." These competencies are ordered into six domains that will be discussed further discussed in that section.

Sensitivity to diversity issues is an important objective in our training programs and among our staff. Our Mental Health Multicultural Diversity Committee has had a strong influence on our training programs over the past three years, and it is composed of staff, postdoctoral fellows, and interns, gradually including staff from other disciplines. This committee's vision is "To serve as a resource for multiculturally competent Veteran-centered care within psychology service, to VALBHCS, and to the local community." Because of the rich diversity of both our cohorts of veterans and our community, we are conveying the importance of diversity in all of our rotations. This not only relates to our tailoring of treatment interventions, but also to our formal assessment approaches as well as our consultation with the rich diversity of our inter-professional staff in our treatment community.

Program Structure

We are pleased to announce that we were just awarded two additional internship positions through the mental health expansion initiative and will now be able to offer eight full-time funded internship positions for the 2016-2017 class. Seven of these positions are in the **General Track** and one is in the **Neuropsychology Track**.

Clinical Tracks

Interns in the **General Track** will select clinical rotations using the method described below in the "Training Schedule and Rotations" section.

Interns in the **Neuropsychology Track** are required to complete a year-long rotation in the neuropsychology emphasis area in addition to other general clinical rotations. Neuropsychology training

opportunities are described in detail below. The Internship program at the VA Long Beach Healthcare System is part of the Association for Internship Training in Clinical Neuropsychology (AITCN) and offers training opportunities consistent with the Houston Conference on Speciality Education and Training in Clinical Neuropsychology. Interns completing the Neuropsychology Track will be well-prepared for competitive postdoctoral fellowships in neuropsychology as well as board-certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP). While the interns in the Neuropsychology track will receive priority in working with neuropsychology emphasis area supervisors, these rotations are also open to interns in the General Track.

Training Schedule and Rotations

After hearing presentations by all the staff psychologists describing their rotations (entire list of rotations is listed below in "Training Experiences" section) and associated training experiences during orientation week, interns plan their training schedule for the entire year with advisement of the Directors of Training. Consulting closely with each other and the training directors, interns select those training experiences that best meet their individual training needs and interests. Interns are expected to develop a well-balanced rotation schedule rather than one that is narrowly focused. Interns are given considerable latitude in their choice of specific rotations, providing that sufficient attention is given to any training gaps. We also afford the opportunity to blend training in both health psychology and more traditional psychiatric and substance abuse settings. For years, our original and rather unique model was to have interns select five half-time rotations with two rotations of six-months' duration and three rotations of four-months' duration. We have adopted a hybrid approach where interns can select rotations in the old tradition or just choose four six-month rotations for the year. This was done because the second four-month rotation occurring from January to May became so impacted by on-site intern interviews and then even more by travel for postdoc interviews. Coverage for rotations not selected by interns is typically provided by the advanced practicum students who are with the interns during orientation week.

Supervision

Each intern has four or five primary supervisors throughout the year who are each responsible for the training experiences on their specific rotations. Supervisors assist in selecting patients and making referrals, representing Psychology with the intern in team meetings, and scheduling individual face-to-face and perhaps some group supervision sessions. With two concurrent rotations, interns can expect at least four hours of total supervision per week. Also, there are opportunities for informal training of pre-interns in group formats. The degree of responsibility given the intern and the amount of structure provided depends on his or her level of prior experience and grasp of the particular rotation.

Assessment

Assessment training is provided via didactic seminars and through supervision of testing cases on rotations. Interns are required to complete a minimum of four comprehensive assessment batteries with integrated reports during the internship year in addition to the routine testing that they do as part of their rotations. Assessment opportunities are provided across a range of specialty areas, including: 1) psychodiagnostic, 2) neuropsychological, 3) brief cognitive screens (e.g., MoCA, MMSE), 4) pre-operative bariatric surgery psychological evaluations, 5) mental health assessments of readiness for bone marrow, stem cell, or kidney transplants, as well as CSHT (Cross-Sex Hormone Therapy), etc. The type of assessment batteries conducted will be collaboratively determined by the intern, supervisors, and Training Directors.

Intern Project

Our internship is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. As such, interns are expected to complete a project of their choice during the year-long internship training year. This project may be conducted independently or in collaboration with other trainees or staff. Interns will work with the Training Directors to find a project adviser to develop and conduct their project. Generally, the project is done as part of one of the selected clinical rotations;

however, the project adviser can be another VA Long Beach staff member. The goal of the project is for the intern to study or to develop some component of services that will be of utility to others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community re-integration program), or service provision goal (e.g., new treatment modality, or application of treatment to an underserved population.). Other creative ideas are welcome. All projects should have some form of measurable evaluation of their effectiveness and impact. Our goal is to offer the project for presentation at a professional forum such as submitting a paper to a peer-reviewed journal, presenting at a professional conference, or presenting a CE seminar at a community or VA Mental Health site. Interns will be required to present the details and result of their Intern Project at the end of year. Interns are allotted two hours of protected time per week to complete this project.

Didactics and Other Meetings

The Intern Seminar meets Wednesday afternoons from 2:30 to 4:30, and it is composed of topics ranging from issues of diversity in our patients and staff, evidence-based psychotherapies, behavioral health consultation, psychopharmacology, psychological and neuropsychological assessment, and various professional development issues (e.g., legal and ethical issues, the 10-hour Human Sexuality course needed for CA licensure, employment alternatives, and job seeking strategies). Staff members give presentations in the intern seminar, ranging from a single hour sessions to modules sometimes spanning weeks. Intern seminar also provides the opportunity for case presentations of interesting and challenging patients who interns are treating. We also have a case presentation group of staff and trainees. There are many rotation-specific didactics that interns attend as well.

Mental Health Care Group Grand Rounds and Journal Club are a collaboration between by the Director of Training in Psychology and the Psychiatry Residency Director. They meet most Tuesdays once the training years for both the Psychiatry residency and Psychology internship and postdoctoral programs are well under way. Interns will be required to present at one of the Mental Health Care Group Grand Rounds and Journal Club meetings during their training year. A general Psychology Department staff meeting occurs once a month and includes the Chief Intern. These meetings are chaired by the Chief Psychologist and generally include provider contact data, peer review, new developments in the healthcare system, and issues specific to psychology as a profession. Immediately after that the Chief Intern leaves we have our monthly supervision and training meeting facilitated by the Directors of Training. The staff discusses issues pertaining to supervision, institutes incremental changes to our training program, and also reviews the progress of our interns and practicum students.

The program also includes educational opportunities such as lectures, seminars, and case conferences. Interns are also granted limited authorized absences for activities that will support the mission of the VA, such as a day to defend your dissertation and another to graduate, as well as VA postdoc interviews (but not for non-VA postdoc interviews).

Chief Intern

The internship class selects a "Chief Intern" at the beginning of the training year. This can also be a rotating responsibility of two or three interns throughout the year. The Chief Intern attends the monthly Psychology staff meetings and keeps the internship class informed about issues in our professional group and in the healthcare facility in general. Other responsibilities of the Chief Intern include refining our interns' interviewing process for each successive set of January interviews, serving as a general liaison between the internship class and the Directors of Training, and coordinating educational events with the Psychiatry Residency Director.

Training Experiences

Below is a list of rotations that are currently available for psychology interns at the VA Long Beach Healthcare System. The specific program developed by an intern must involve the approval of the Director and Assistant Directors of Training.

1. Behavioral Health Interdisciplinary Program (BHIP)
2. Blind Rehabilitation Center
3. Couples and Family Therapy
4. Geropsychology -- Community Living Center (CLC)
5. Geropsychology – Geriatric Evaluation and Management
6. Geropsychology – Home Based Primary Care (HBPC)
7. Health and Wellness
8. Health Promotion and Disease Prevention (HPDP)
9. Infectious Disease Clinic, Oncology, Hospice, & Nephrology Consultation
10. Inpatient Psychiatry
11. Neuropsychology and Rehabilitation Medicine
12. Outpatient Mental Health at Community Based Outpatient Clinics (CBOCs)
13. Primary Care-Mental Health Integration (PC-MHI)
14. Psychosocial Rehabilitation and Recovery Program
15. Program for Traumatic Stress (Combat PTSD)
16. Spinal Cord Injury/Dysfunction (SCI)
17. Substance Abuse Treatment Clinic (SATC)
18. Women's Mental Health Center (WMHC)

Behavioral Health Interdisciplinary Program (BHIP)

Supervisors: Lauren Jackson, Psy.D., & Marci Flores, Psy.D.

Program: This rotation is part of a redesign of Mental Health services in which interprofessional teams provide coordinated care for patients in Outpatient Mental Health. It offers experience with a wide range of presenting problems including PTSD, Anxiety Disorders, Mood Disorders, Adjustment Disorders, partner problems, pervasive emotion-regulation difficulties, substance abuse, cognitive impairments, and co-morbid medical complications. Patients are referred to this rotation primarily by psychiatrists, social workers, and nurses from the mental health teams and the Mental Health Treatment Center, hence trainees will actively collaborate and consult with these other disciplines during their training. On the BHIP rotation, Evidence Based Psychotherapies are emphasized. Commonly utilized treatment models include Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, Dialectical Behavior Therapy (DBT) for BPD, Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression, Acceptance and Commitment Therapy (ACT), Exposure and Response Prevention (ERP), Motivational Interviewing (MI) as well as mindfulness-based treatment modalities. This rotation strives to train clinicians to adherence in evidence-based treatment protocols with the understanding that many clients have individual treatment needs that may not be fully addressed by these protocols. Therefore, this rotation aims to help trainees develop a well-formulated CBT case-conceptualization to guide treatment and clinical decision-making. Both individual and group experiences will be available based on trainee interests. Trainees can also expect to gain experience with psychodiagnostic evaluations including the use of formal testing measures (e.g. MMPI, PAI, RBANS, MoCA) when clinically indicated.

Psychology Training Provided: Trainees on this rotation can select Dr. Jackson or Dr. Flores depending on her or his "goodness of fit" and the specific interests of the supervisors and trainees. Supervision will be individual face-to-face and group discussion of cases in a weekly BHIP group consultation meeting. Trainees will also have the opportunity to attend the weekly DBT Team Consultation meetings should the trainee have interest in gaining increased exposure to DBT while on this rotation.

Blind Rehabilitation Center

Supervisor: Elizabeth V. Horin, Ph.D., ABPP

Program: The Major Charles Robert Soltes, Jr. Blind Rehabilitation Center at the Long Beach VA is a 24 bed residential rehabilitation program. Veterans who visually impaired and/or legally blind are referred to the center for vision or blind rehabilitation training from five hospitals and 29 community clinics within Southern California and Southern Nevada. Patients range in age from their late teens to early 90s but the majority of patients are older veterans from their 60s to 80s with legal blindness and other health conditions. The most common causes of blindness are Macular Degeneration, Glaucoma, Diabetic Retinopathy, and ocular trauma. A smaller subset of younger returning veterans with brain injuries and vision loss participate in the training program. Similarly, veterans with visual impairment secondary to neurological issues, such as stroke and Multiple Sclerosis, may participate in the program. The comprehensive rehabilitation training program is comprised of staff members from a variety of disciplines including Blind Rehabilitation, Dietetics, Nursing, Optometry, Psychology, Recreation Therapy, and Social Work. Blind Rehabilitation specialists provide training in the areas of: Living Skills, Low Vision Skills, Manual Skills, and Orientation and Mobility as part of programming that lasts between 6-8 weeks. In addition, Advanced Way Finding (e.g., use of GPS technologies) Computer Access training, and training in I-devices (e.g., iPhone, iPad) are additional programs available following participation in a comprehensive basic program.

The psychologist and intern work closely with the above-noted interdisciplinary team members as part of the development of each veteran's rehabilitation plan. All new patients are assessed by Psychology for their adjustment to vision loss/blindness, their cognitive status, and their overall mental and behavioral health. Most commonly encountered diagnostic groups include: mood disorders, ranging from adjustment reactions to major depression, anxiety disorders, PTSD and substance abuse. A smaller portion of patients with more serious mental illness such as bipolar disorder, schizophrenia, psychotic disorder, and personality disorders are encountered. Interventions that address a wide range of adjustment, mental and behavioral health concerns through different modalities are provided. Psychology provides the following intervention approaches: individual counseling, individual and group psychoeducation, psychotherapy, pain management, relaxation training, and family education programming and psychosocial support to members of the veteran's support group. Also, more comprehensive neurocognitive testing is completed as clinically indicated and feedback provided to patients, family, and staff members. In addition, close consultation with the interdisciplinary team forms a key component of the psychologist's responsibilities. As such, the blind rehabilitation psychologist plays an important role in helping maintain the overall "health" of the rehabilitation environment. There are no set days for the trainee to be on the unit but Tuesday, Wednesday, and Thursday tend to be the busiest days and preferred.

Psychology Training Provided: Interns obtain experience in reviewing medical records and observing and evaluating veterans participating in the blind rehabilitation training program. As part of the assessment, interns will assess the psychological functioning of each patient as well as their adjustment to vision loss/blindness and coping mechanisms, including social support. In addition, during the initial assessment, interns will conduct mental screening exams. Training will include use of modified or alternative assessment tools appropriate to visually impaired and blind persons. Following the initial assessment, interns will be expected to produce a written product that will be shared with interdisciplinary team members working with the veteran in a timely fashion and written in a manner that is suitable for a rehabilitation setting. Furthermore, interns will have the opportunity to assist veterans to identify or develop coping strategies and deliver brief, evidence-based interventions focused on promoting rehabilitative gains and self-efficacy. Similarly, interns will have the opportunity to deliver group and family education programming as well as didactics to interdisciplinary team members. Interns also gain considerable experience working with interdisciplinary medical teams utilizing the consultation-liaison framework as well as develop a specialty knowledge base with regard to blindness, rehabilitation psychology, health psychology, and geropsychology. The knowledge and skills learned on this rotation are not unique to blind rehabilitation and can be generalized to other medical and rehabilitative populations. As such, this rotation can be particularly valuable in helping increase marketability for individuals hoping to work in a medical or rehabilitation setting.

Couples and Family Therapy

Supervisor: Michael Ganz, Ph.D., & Tatiana McDougall, Ph.D.

Program: This rotation offers advanced training in the specialty area of Couples Therapy with a minor emphasis on family outreach, support and education. Patients are referred to this rotation by other providers from throughout the healthcare system.

Psychology Training Provided: Dr. Ganz is the Long Beach VA's dedicated Couples Therapy psychologist and approaches his work from various evidence-based modalities depending on the clinical presentation. Supervisees can expect to focus heavily on learning and/or expanding skills in Emotionally Focused Couples Therapy as well as Cognitive Behavioral Conjoint Therapy for PTSD. Communication skills development/psychoeducation is based on the Gottman approach as well as Scuka's Relationship Enhancement Therapy. Interns in this rotation will have an opportunity to learn and give psycho-educational workshops based on the Scream-Free Parenting approach. For individual cases, Dr. Ganz conceptually integrates from relational psychodynamic and attachment perspectives and uses these as a springboard to address psychopathology in short-term treatment paradigms including CBT and ACT. Dr. Ganz is a former Army psychologist and combat veteran who also has a wealth of experience in treating PTSD with CPT, EMDR, and PE. Trainees who work with Dr. Ganz receive both individual and group supervision.

Dr. McDougall brings research and clinical experience working with couples. She emphasizes a psychobiological approach to couples treatment, integrating attachment and research on stress/arousal and neurobiology to treat relationship distress from a holistic perspective. She is strongly influenced by mindfulness-based practices and incorporates this frequently into her work with couples, including leading experiential exercises for couples to increase mindful attunement and lower conflict. For individual cases, Dr. McDougall takes an integrative approach emphasizing dynamic and attachment-based approaches to case formulation with short-term, evidence-based interventions, including CBT, DBT, IPT, and ACT. Dr. McDougall is an active member of the DBT Treatment and Consultation team at the Long Beach VA and she leads a weekly DBT skills group for veterans that trainees may also be able to co-lead.

Group Therapy Experiences: Trainees can co-lead any of the following groups, based on their interest and schedules. Trainees would typically co-lead with Dr. Ganz, although there are generally opportunities for trainees to take a central role from the beginning and may have the opportunity to lead the group on their own after a few sessions.

- **Secure Foundations: Couples Growing Together (Couples Therapy Group):** Secure Foundations is a part process, part psycho-education group therapy for couples. Supervisees will co-facilitate with Dr. Ganz to help couples build a deeper understanding of one another, improve communication skills, and give/receive support from other couples. Secure Foundations occurs Tuesdays 4:30pm-6pm.
- **Family Support Group (SAFE):** This is an open-ended group for family members and caregivers of Veterans who are looking for support, education, resources, and coping. The group meets Mondays from 5-6:30pm and is supervisee-led and supervised by Dr. Ganz.

Family Education and Community Outreach:

- **Scream-Free Parenting:** Scream-Free is a psycho-educational workshop for parents that emphasizes emotional self-regulation, healthy boundaries, and parenting contingencies that foster individual responsibility.

Geropsychology – Community Living Center (CLC)

Supervisor: Jennifer Geren, Ph.D.

Program: The Long Beach VA CLC offers short and long-term residential care, hospice and palliative care, and inpatient rehabilitation services. Two ~35-40 bed units provide sub-acute transitional care,

typically as a transition from inpatient acute medical/surgical care back to home, with some long-term care and respite care patients. One 15 bed unit provides hospice and palliative care. One 10 bed unit provides short-term inpatient rehabilitation services. One newly formed 5 bed “special care” unit houses our most medically and socially complex cases that often require longer stays. Veterans receiving long-term care tend to be elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, comorbid medical, psychiatric, substance abuse, and social problems. Psychology services within the CLC include (1) Diagnostic, intervention, and prevention-oriented mental health services to veterans residing at the CLC; (2) Neuropsychological assessment and dementia evaluations with an emphasis on using test results to inform interventions and care planning; (3) Consultation and education regarding psychological, neuropsychological, and behavioral health issues to the interdisciplinary team; (4) Individual, couples, and family psychotherapy.

Psychology Training Provided: The Geropsychology-CLC rotation provides interns with experiences to develop the knowledge, skill competencies, and attitude necessary for professional Geropsychology practice. Our training program is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and emphasizes supervised clinical experiences that are tailored to interns degree of prior training, experience, and competence in key Geropsychology domains. Training focuses on (1) helping interns to appreciate the diversity of experience of older adults; (2) the biopsychosocial and lifespan developmental perspectives necessary for understanding older adult clients; (3) the complex ethical dilemmas that can arise in geriatric care; (4) the importance of interdisciplinary collaboration; and (5) the utilization of evidence-based practices in Geropsychology practice.

The Geropsychology-CLC interns serve as primary mental health consultants to the short/long-term care units, and also may have opportunities to consult with the rehabilitation and hospice care units. The interns will attend weekly interdisciplinary team meetings and provide psychological and neuropsychological assessment, psychotherapy, and consultation services. Skills of focus include: participation in interdisciplinary team discussions of treatment planning; both brief and comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; evaluations of decision-making capacity; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for older adults; providing psychological services to patients and families at the end of life; consultation within complex systems (e.g., families, health care teams, community service networks); and providing nursing staff education and support.

Geropsychology – Geriatric Evaluation & Management (GEM)

Supervisor: Lauren Fox MacMillan, Ph.D., ABPP

Program: The Geropsychology rotation offers training in the core competencies of Geropsychology (see Knight, Karel, Hinrichsen, Qualls & Duffy, 2009) through working in an interdisciplinary outpatient geriatric specialty/primary care clinic and in an outpatient mental health setting. The intern will gain experience in general psychological and neuropsychological screening and assessment, case conceptualization, treatment planning, intervention (with individuals, couples, families, &/or caregivers), and interdisciplinary team consultation.

The Geriatric Evaluation and Management (GEM) clinic is a specialty outpatient clinic for older Veterans with complex needs, often including cognitive impairment, multiple chronic medical conditions, polypharmacy, functional challenges, and complex psychosocial needs. Patients referred to GEM by their PACT primary care provider benefit from a small interdisciplinary team approach to thorough diagnostic evaluation and treatment recommendations. Select patients are followed for ongoing primary care by GEM providers. We participate in team discussion of most patients, and see approximately 30% for evaluation or intervention.

An additional optional experience offered in the Geropsychology rotation is leading or co-leading a group intervention - Dr. MacMillan and an audiologist lead a monthly 4-session Progressive Tinnitus Management group.

Psychology Training Provided: We provide integrated mental health services in the GEM outpatient clinic. In this setting we provide brief general, psychological, neuropsychological, capacity and/or problem-focused evaluations, and brief individual and/or family psychotherapy. We also consult to the other team providers, and refer to other specialty mental health services.

Interns will have the opportunity to gain knowledge and specialized skills in the assessment of older adults, provide appropriate feedback to referral sources, patients, and their families, and provide interventions based on these evaluations. Interns will gain an understanding of normal cognitive aging and a wide variety of conditions that cause cognitive impairment in seniors. A special emphasis area in Geropsychology is the neuropsychological assessment of older adults. Trainees will participate in diagnosing the various Neurocognitive Disorders, discriminating them from reversible disorders (e.g., delirium, depression), and offering useful resources, referrals, and interventions. Evaluations may include assessment of decisional and functional capacities (e.g., does the patient have the ability to safely live alone, manage finances, make specific medical decisions, etc.). The intern will gain experience conducting intake interviews, completing cognitive screening and brief evaluations, and report writing/documentation for the medical record. Comprehensive neuropsychological testing, when appropriate, will usually be completed by an Assessment Clerk or trainee in Neuropsychology. Trainees will have the opportunity to work with patients and their families to understand and best utilize the feedback from diagnostic evaluations.

Trainees will gain experience consulting to a multidisciplinary healthcare team and participating in their meetings. When appropriate, we actively participate in care team planning to set objective, measurable treatment goals, and assist the patient and family to reach those goals. Psychotherapy cases present with a variety of diagnoses and problems, most commonly Depressive Disorders, Anxiety Disorders, PTSD, or Adjustment Disorders, and often in the context of multiple chronic medical conditions, the physical, social, behavioral and emotional changes associated with aging and/or Neurocognitive Disorders. Health and Behavior interventions are also provided for Veterans who can benefit from our assistance in managing chronic medical conditions. Most cases will be short-term in nature, but interns may have the opportunity to carry a long-term case if appropriate. There may be opportunities to provide marital, family, or caregiver interventions in addition to individual psychotherapy. Interns are encouraged to pursue, suggest, and implement innovative empirically supported approaches to working with patients. Supervision is provided from an integrative theoretical orientation and interns are encouraged to develop and articulate their own therapeutic style. Dr. MacMillan is a member of the American Board of Geropsychology, utilizes the Pikes Peak model of competencies in Geropsychology to guide training and evaluation, and provides readings on topics pegged to these competencies in training. Dr. MacMillan is trained in Interpersonal Psychotherapy and can supervise delivery of this evidence based psychotherapy.

Geropsychology – Home Based Primary Care (HBPC)

Supervisor: Angela W. Lau, Ph.D.

Program: VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of veterans with complex chronic disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, kinesiotherapy, dietetics, pharmacy, and psychology. HBPC manages (1) patients with multiple interacting chronic medical problems requiring longitudinal intervention to maintain health status, retard functional decline, and reduce or delay institutionalization; (2) certain patients with relatively short term problems, who need health services, home training, and home adaptation until they can be managed in an outpatient clinic, and (3) patients with advanced terminal illness who want palliative care.

The psychologist provides assessment and intervention to individuals and families to address psychological issues that are interfering with their medical care, compromising their health status and functional capacity, and/or reducing their quality of life. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical

illnesses, and/or other life stressors; interventions to increase compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance.

Psychology Training Provided: In the HBPC program, interns conduct psychological/cognitive assessment, brief psychotherapy, family interventions, and become active members of an interdisciplinary treatment team.

Roles and responsibilities of interns during this rotation include the following:

- Attending twice-weekly HBPC team meetings.
- Providing psychological assessment and/or intervention with referred HBPC patients (typically conducted in patients' homes, assisted living facilities, extended care facilities).
- Providing consultation to staff regarding mental health issues and treatment.
- Providing staff in-service and education.

Skills emphasized on this rotation are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c) individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including dementia; and e) active participation in a treatment team through consultation, staff education, and facilitating team functioning. The primary theoretical orientation of the rotation is cognitive-behavioral, although other approaches can be integrated when appropriate.

Patient Assessment

1. Diagnostic interviews: mood, anxiety, adjustment disorder, cognitive disorder, possibly thought disorders
2. Screening tests for cognitive functioning.
3. Neuropsychological assessment as needed
4. Ability to interpret test findings and make appropriate recommendations based on findings.
5. Communicate results and recommendations to staff, patient, family
6. Behavioral assessment to identify factors associated with non-adherence to medical regimens, behavioral medicine problems (e.g., smoking, sleep, pain)
7. Assessment of caregiver stress
8. Capacity evaluations to inform team's understanding of patient's level of comprehension of his/her medical care or ability to manage their personal/financial matters

Patient Treatment

1. Provide effective individual psychotherapy for a variety of problems (e.g., depression, anxiety, PTSD, grief and loss, adjustment reactions, caregiver burden)
2. Provide intervention for such things as smoking cessation, insomnia, dietary control/weight loss, poor adherence to medical regimens, pain management
3. Work collaboratively with team members to enhance adherence to medical regimens
4. Provide intervention with caregivers to reduce emotional stress, enhance understanding of the patient's strengths and limitations, communicate effectively with other care providers
5. Provide effective interventions with couples or families to relieve relationship difficulties and/or promote collaboration with HBPC team.

Team Functioning

1. Communicate effectively with members of the interdisciplinary treatment team, both during team meetings and with individual staff members, about patients' mental health issues
2. Attend and actively participate in weekly patient care plan meetings: patient case review, presentation of patients from psychological perspective, incorporation of information presented by other team members and provide education and recommendations as necessary for identified patients

3. Assist team members in understanding psychological information and helping them enhance the effectiveness of their interventions with patients.
4. Present at least one in-service to the team
5. Identify and intervene appropriately in team process issues
6. Assist team members, as needed, in managing their own emotional responses and stress with respect to issues such as patients' deaths, conflict with patients or their families.

Health and Wellness

Supervisor: Andrea Scott, PhD, BCB

Program: Dr. Scott works as a health psychologist in a variety of specialty areas including MOVE!, Employee MOVE!, Bariatric Surgery Preoperative evaluations, Tobacco Cessation, biofeedback, CBT-I (Cognitive Behavioral Therapy for Insomnia), and CDSM (Chronic Disease Self-Management).

MOVE! Program: MOVE! is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention. As part of the interdisciplinary team (Nutrition, Occupational Therapy, Kinesiotherapy and Psychology) the health psychologist teaches "Lifestyle Change" in the 7-week curriculum. This program includes CVT (clinical video telehealth) to our neighboring CBOCs (community based outpatient clinics). Psychology has also teamed up with the Employee Wellness Center to provide Employee MOVE!, an 8-week curriculum co-lead by the health psychologist and kinesiotherapist. Veterans being considered for Bariatric Surgery are required to complete a multiphase evaluation process for candidacy including psychological evaluation (clinical intake and psychodiagnostic testing). Results are reported to the Bariatric Surgery Team for approval, delay or denial of surgery.

Tobacco Cessation Program: Smoking is one of the leading causes of preventable deaths in the United States. The program at Long Beach VA begins with a 4-week series (**Tobacco Cessation Group**) co-lead by psychology and pharmacy. Veterans learn about important lifestyle changes as well as receive NRT (nicotine replacement therapy). This program also includes CVT (clinical video telehealth) to our neighboring CBOCs (community based outpatient clinics). Following the 4-week series Veterans can attend the weekly graduate group (**Tobacco Relapse Prevention Group**) for ongoing support to stay quit.

Biofeedback: Biofeedback Therapy uses non-invasive electronic monitoring equipment to help Veterans observe and understand their physiological responses to acute and chronic stress, and learn how to change those responses to improve physical and psychological health/wellness. Trainees will learn how to educate Veterans about what Biofeedback is, types of Biofeedback (e.g., respiration, heart rate variability, skin conductance, skin temperature and muscle tension) and indications for using Biofeedback Therapy. Teach Veterans how to improve their heart rate variability, decrease sympathetic nervous system overactivation and increase parasympathetic activity.

Psychology Training Provided: Interns will gain experience working as a health-focused provider within a biopsychosocial-spiritual model of care. Interns will gain exposure to CIM (Complementary and Integrative Medicine) treatments and will enhance their knowledge and delivery of mind-body techniques. The intern will be exposed to preventive medicine, group and 1:1 interventions, preoperative surgical evaluations and specialty support groups. Common therapeutic issues include motivation, treatment compliance, goal setting, autonomic dysregulation, addiction, chronic pain, anxiety, mindfulness and sleep education. Interns will gain diverse interdisciplinary experiences. Additional training opportunities may include health coaching and CDSM.

Health Promotion and Disease Prevention (HPDP)

Supervisor: Lia Kraemer, Ph.D.

Program: Health Promotion/Disease Prevention (HPDP) is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. Increased

attention is being paid to promoting positive health behaviors and decreasing maladaptive health behaviors. The Health Behavior Coordinator (HBC) position was created through this initiative, and the HBC is intended to serve several roles within primary care. These include: a) training, mentoring, and guiding primary care staff to support patient self-management and address health-related behaviors through the use of motivational interviewing and other empirically-based communication and health behavior change approaches; b) working closely with the Health Promotion Disease Prevention Program (HPDP) to develop new or adapt existing HPDP programs, guide implementation of HPDP programs, and coordinate evaluation strategies to determine the efficacy of these programs at the medical center; and c) some clinical responsibilities related to health promotion interventions. In this way, the HBC supports veterans in making positive health behavior changes by providing trainings to primary care staff, supporting primary care staff as they support patients in making behavior changes, and some direct service delivery to patients.

Psychology Training Provided: This rotation incorporates a strong behavioral medicine focus, with specific attention paid to the unique health psychology skill set involved in supporting veterans in making positive health behavior changes. On this rotation the intern will collaborate with the facility's Health Behavior Coordinator (HBC) and an interdisciplinary HPDP Program Committee in the provision of a myriad of activities which may include some or all of the following components consistent with HPDP initiatives: medical staff education and training (e.g., motivational interviewing, health behavior coaching, patient-provider communication), consultative services with primary care team members and others regarding supporting patient health promotion/disease prevention, direct clinical care (group and/or individual), as well as program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other hospital programs. The intern is expected to gain particular experience working as part of an interdisciplinary team and communicating with other health care providers. It would be preferred for trainees to be available on Mondays for the Stress Management & Relaxation group (1-2:30 pm weekly) and Wednesday mornings for the Chronic Pain Class (10:30-12) every other month. The Diabetes Self-Management group and Sleep Class occur on Tuesdays from 1-2:30 pm.

Infectious Disease Clinic, Oncology, Hospice, & Nephrology Consultation

Supervisor: Adrienne House, Ph.D.

Infectious Disease Program: The Infectious Disease program provides evaluation and treatment for veterans diagnosed with infectious diseases. Approximately 200 patients are enrolled in the outpatient ID Clinic, and the vast majority are being treated for HIV disease. The primary care model is utilized for the provision of psychological services to the veterans with HIV/AIDS and mental health services are closely integrated into the provision of their overall medical care.

The psychologist provides coverage once weekly for the ID Clinic and sees patients outside of clinic for crisis intervention, individual, couples and family psychotherapy. The psychologist also works closely with the clinic physicians and other allied health team members, providing consultation on a variety of issues, including recommendations regarding patients' potential for adherence to complex treatment regimens and developing strategies to increase adherence. The psychologist also provides follow up to HIV+ veterans receiving inpatient medical or convalescent care.

All new patients receive initial psychological screening and are then evaluated on an ongoing basis for assessment of adherence to treatment regimen and adequacy of coping; early assessment of and intervention for potential problem areas, with the goals of preventing or reducing problems, and early identification and treatment of problems that might interfere with the ability of the patient to adhere to complex and strict medication regimens, e.g., depression, substance abuse and dependence, and other psychosocial stressors. Issues addressed include developing effective strategies for attaining and maintaining physical and psychological health, assessment and treatment of depression, anxiety, alcohol and other substance abuse and dependence, negotiating safer sex, and maintaining adherence to strict

antiretroviral treatment regimens. The veteran is encouraged and supported in becoming an active and knowledgeable participant in his or her medical care.

Hematology/Oncology Service: As part of the interprofessional team, the psychologist provides consultation services to veterans receiving inpatient and outpatient treatment for cancer. Consultation requests are received from general medical wards, general surgery clinics, ENT clinic, inpatient and outpatient hem/onc, and radiation therapy.

The psychologist assists veterans and families in coping with the many issues surrounding dealing with life-threatening and chronic illnesses, including changes in body image; pain management; end of life decision-making; coming to terms with loss of function; adjusting to disfiguring surgery; the side effects of chemotherapy and radiation; and improving communication with the medical team. In providing psychological assessment and interventions, the psychologist works with many different problems and concerns, including depression and assessment of suicide risk, anxiety, alcoholism and substance abuse, noncompliance to medical regimens, marital and family issues, and other mental health issues. The psychologist explores with the patient and family salient existential questions and appropriate feelings associated with serious illness and dying. We also complete the mental health assessment for veterans under consideration for bone marrow or stem cell transplants.

Nephrology Service: Psychology occasionally provides consultation services to patients on hemodialysis and peritoneal dialysis. Issues addressed include mood and anxiety disorders, coming to terms with major lifestyle changes, compliance with complex and often difficult dietary and medical regimens, quality of life issues, and the effect of end-stage renal disease on family and other relationships. The psychologist also provides psychological evaluations to evaluate veterans being considered for kidney transplant.

Electives: Interns on this rotation can also choose to co-lead the weekly relaxation/meditation group. Interns may also choose to work with the postdoctoral fellow in our liver clinic. Similar to the ID Clinic, psychological services are integrated into the care of Veterans with a variety of disease of the liver, including hepatitis C. This clinic meets weekly, on Mondays.

Psychology Training Provided: Interns gain experience with a wide variety of psychological problems associated with chronic and/or life-threatening illness and terminal illness. Interns also gain experience providing psychological services in integrated care settings. Exposure to both inpatient and outpatients is provided. An intern has the opportunity to gain familiarity with a variety of both short- and long-term treatment approaches. The intern will learn multiple assessment techniques, formulation of appropriate recommendations and referrals, methods for communicating the results and recommendations to the treatment team, and varied psychotherapeutic interventions. Common therapeutic issues include depression, grief, anger, compliance with medication, substance abuse, interpersonal conflicts, existential issues associated with serious and terminal illness, and suicidality. Interns also get experience being a member of a variety of interprofessional teams.

Inpatient Psychiatry

Supervisor: Jamie Yadavaia, Ph.D.

Program: The training setting for this rotation consists of two 15-bed inpatient psychiatry units: one adult acute unit and one geropsychiatry unit. Common presentations on both units include psychotic disorders, PTSD, mood disorders (bipolar and unipolar depression), substance use disorders, and personality disorders, such as borderline personality disorder. In addition, Veterans with neurocognitive disorders are treated on the geriatric unit. About one third of the Veterans on the inpatient units are on involuntary holds. The average length of stay on the acute adult unit is approximately 10 days, and on the geriatric unit it tends to be longer. Each unit is staffed with a highly collaborative interdisciplinary team consisting of an attending psychiatrist, psychiatry and nursing residents, nurses, social workers, occupational therapists, peer specialists, and of course a psychologist. An internist is also part of the geriatric unit's team, as comorbid medical problems are common there.

Psychology Training Provided: The treatment provided on our inpatient units is inspired by the Mental Health Recovery Movement, which holds that recovery from serious mental illness (SMI) can and does happen and that individuals with SMI can and do live full, meaningful lives. From a recovery orientation, consumers of care are whole people with hopes, dreams, strengths, abilities, talents, perspectives, and preferences, in addition to their struggles and challenges. Recovery-oriented psychological treatment on our units integrates these considerations into empirically supported group and individual therapy. Current group offerings include dialectical behavior therapy skills training groups, mental health recovery groups, and substance abuse treatment groups. With occasional exceptions, individual inpatient therapy tends to be very brief (often 1-3 sessions) but can be quite powerful, as an inpatient hospitalization is often a time in which Veterans open themselves up to taking an honest look at changes they may want to make in life, including pursuing therapy as outpatients. As such, opportunities exist to continue therapy on an outpatient basis with Veterans who began during their inpatient stay. Supervision is integrative but most heavily informed by cognitive-behavioral approaches such as acceptance and commitment therapy, dialectical behavior therapy, motivational interviewing, and cognitive therapy. Psychodynamic ideas and case conceptualizations are also welcomed in supervision and are regularly discussed in team meetings.

Neuropsychology and Rehabilitation Medicine

Supervisors: Jeffrey Webster, PhD, & Vanessa Zizak, Ph.D.

Program: This program provides clinical neuropsychological consultation to the entire healthcare facility, including Psychiatry, Neurology, and Rehabilitation Medicine. Such consultation usually consists of the assessment of neuropsychological and psychological functioning using a broad range of quantitative and qualitative approaches. In addition, the intern provides coverage for the Traumatic Brain Injury (TBI)/Polytrauma program, including evaluating patients for mild traumatic brain injury. Formal didactics include Neuropsychology Seminar, which will encompass topics such as behavioral neurology, neuroanatomy, and ABPP board certification. Case conferences will also be conducted during the seminar.

Psychology Training Provided: The intern can expect to be exposed to a wide variety of strategies for neuropsychological assessment, including process approaches and structured batteries. A broad range of patients are evaluated across the life span. By the time the intern has completed the rotation, she or he can also expect to learn how to plan a testing battery based on the patient's likely neuropathology and history. Information obtained from the assessment is used to answer diverse referral requests, e.g., identifying the presence, localization, and nature of brain lesions or dysfunction; establishing baseline functioning; and identifying the pattern of neuropsychological and personality strengths and weaknesses. This information is used to aid in establishing diagnosis, treatment, rehabilitation planning, and prognosis. Interns may also get the opportunity to conduct cognitive retraining with a few brain-injured patients. Neuropsychology research is encouraged as well. Dr. Webster is developing measures to detect non-malingering psychological issues that impact neuropsychological assessment such as learned helplessness. Dr. Zizak is currently examining mild neurocognitive disorder and dementia. All staff members have submitted work to national conferences (i.e., INS, NAN) and are interested in student involvement. Publications from rotation supervisors include: Webster, et al (2001) Computer assisted training for unilateral neglect. *Archives of Physical Medicine & Rehabilitation*, Webster et al, (1997); Assessment of patients with unilateral neglect. In A.M. Horton, D. Wedding, & J.S. Webster (Eds.), *The Neuropsychological Handbook: Volume 1, 2nd Edition* (pp. 469-502). New York: Springer and Webster & Lopez (2006). New scores for the Category Test: Measures of interference from Subtests 5 and 6. *The Clinical Neuropsychologist*, 20, 678-694; Zizak et al. Relation between verbal fluency discrepancy scores and verbal memory in a geriatric veteran sample, to be presented at the 2014 Annual Convention of the National Academy of Neuropsychology. Zizak et al. (2005). The ubiquity of memory retrieval deficits in patients with frontal-striatal dysfunction. *Cognitive and Behavioral Neurology*, 18(4), 198-205.

Outpatient Mental Health at Community Based Outpatient Clinics (CBOCs)

Supervisors: Martin Kenigsberg, Ph.D., FAACP, A.B.P.P., Leigh Messinides, Ph.D., & Juliet Hung, Ph.D., A.B.P.P. (Please note that several additional Primary Care CBOC Psychologists have been hired and will also participate in supervision and provide additional training opportunities).

Program: Trainees can choose a specific emphasis area within the Outpatient Mental Health CBOC program based on the emphases provided by supervisors' descriptions below.

Anaheim CBOC (Martin Kenigsberg, Ph.D., FAACP, A.B.P.P): A primary focus of this rotation involves the assessment and treatment of medical patients at the Anaheim CBOC on Tuesdays and Thursdays in addition to some clinical work at VA Long Beach during the remainder of the week. This rotation provides psychological consultation and treatment of medical patients in the primary care and specialty care health care group. Requests for psychological consultation include both assessment and treatment and may come from physicians, nurse practitioners and physicians' assistants. A wide range of psychological and behavioral issues is encountered, including behavioral medicine issues, pre-operative psychological evaluation, underlying psychopathology, depression and suicidal risk, anxiety, evaluation for organ transplantation, non-compliance with medical treatment, substance abuse, marital and family problems, and adjustment to chronic and/or life-threatening disease, etc. In some cases the consultant performs a triage function, while in others the consultant may provide direct psychological treatment to the patient.

Interns gain exposure to a broad range of psychological and behavioral problems that interface with physical disease and disability as well as medical/surgical treatment. Assessment of these problems may draw from diverse sources of information, including review of patient records, direct behavioral assessment, clinical interview, information from medical staff or family members, and the use of selected psychological tests. Learning to communicate assessment information effectively and make recommendations to referral sources is emphasized. Experience with a wide range of psychological treatment approaches can be obtained. Crisis intervention, individual, and family psychotherapy, and behavioral medicine interventions are all available.

Santa Ana CBOC (Leigh Messinides, Ph.D. & Juliet Hung, Ph.D., A.B.P.P): The Santa Ana CBOC is 16 miles east of VA Long Beach, which is about a 30-minute drive. Drs. Messinides and Hung are the two clinical staff psychologists stationed there. Dr. Messinides is also the Local Evidence-Based Psychotherapy Coordinator, part of a national initiative in VA to provide advanced training in selected psychotherapies to VA staff. Trainees would have the opportunity to see individual patients and co-lead groups (process-oriented and/or EBT) at the Santa Ana CBOC. They would work closely with an interdisciplinary team consisting of Psychiatry, Psychiatric Nurse Practitioner, RN, addiction therapist and our Peer Support Specialist. We are co-located with primary care allowing ease of coordination for medical and mental health issues. This is also an opportunity to provide services using clinical video-conferencing (CVT).

Dr. Messinides has a long-standing interest in the integration of psychotherapy orientations, and currently is adapting past training in both CBT and psychodynamic psychotherapy to incorporate mindfulness based approaches, constructivism theory, and attachment theory. She has completed certification in Cognitive Processing Therapy for PTSD. Dr. Hung is new to the clinic. She has completed certification in the following: DBT, CBT I, CBT – Depression (individual and group); CPT (individual and group), and PE. She also has a long-standing interest in psychodynamic psychotherapy, forensic psychology and assessment and psychological testing in characterological disorders.

Because of the nature of the CBOC, trainees can expect to treat a wide variety of presenting problems and obtain a solid foundation of outpatient psychotherapy experience. Trainees on this rotation will have the opportunity to provide individual and group evidence-based psychotherapy in an outpatient setting. The clinic serves a diverse population of Veterans and trainees will be exposed to a variety of presenting problems including depression, anxiety, PTSD, chronic pain, acute and chronic medical conditions, relationship difficulties, and anger management. Trainees can be expected to carry a caseload of individual therapy clients, assist in running time-limited therapy groups or process oriented groups, and participate in outreach efforts to the community. Depending on the clinical interest of the trainee, there may also be limited opportunities for couples counseling and family therapy, long-term therapy, psychological testing, crisis intervention, and primary care consultation as well as opportunities for CAM (e.g., yoga, mantra) and interact with the Veteran's court and/or VASH program. The clinic offers the

opportunity to be part of a multidisciplinary team of psychologists, social workers, nurses, primary care physicians, a peer support specialist and an addiction therapist.

Primary Care-Mental Health Integration (PC-MHI)

Supervisors: Elizabeth Chereji, Ph.D., Stacy Eisenberg, Ph.D., Megan Gomez, Ph.D., Corina Lopez, Ph.D., Tara Nyasio, Psy.D., Shaquita Tillman, Psy.D.

Program: The mission of Primary Care-Mental Health Integration (PC-MHI) is to detect and address the broad spectrum of behavioral health needs among primary care patients, with the aims of early identification, quick resolution of identified problems, long-term problem prevention, and healthy lifestyle support. A major goal is to support the primary care provider in identifying and treating patients with mental health diagnoses and/or need for behavioral interventions. This approach involves providing services to primary care patients in a collaborative framework with primary care team providers and staff. The focus is on resolving problems within the primary care service context. In this sense, the behavioral health provider is a key member of the primary care team. Behavioral health visits are brief (generally 20-30 minutes), limited in number (1-6 visits with an average of between 2 and 3 per VSSC dashboard), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service. The referring primary care provider is the chief “customer” of the service and, at all times, remains the overall care leader. This model of co-located, collaborative care with embedded behavioral health providers in primary care clinics represents a main entry point in the continuum of care which should include “a range of effective delivery methods that are convenient to Veterans and their families” (VA Strategic Plan, 2010, p. 33).

Psychology Training Provided: This rotation incorporates a strong behavioral medicine focus, with specific attention paid to the unique health psychology skill set involved in supporting veterans in making positive health behavior changes. On this rotation the intern will collaborate with the facility's Health Behavior Coordinator (HBC) and an interdisciplinary HPDP Program Committee in the provision of a myriad of activities which may include some or all of the following components consistent with HPDP initiatives: medical staff education and training (e.g., motivational interviewing, health behavior coaching, patient-provider communication), consultative services with primary care team members and others regarding supporting patient health promotion/disease prevention, direct clinical care (group and/or individual), as well as program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other hospital programs. The intern is expected to gain particular experience working as part of an interdisciplinary team and communicating with other health care providers. It would be preferred for trainees to be available on Mondays for the Stress Management group (1-2:30 pm weekly) and Wednesday mornings for the Chronic Pain Class (10:30-12) every other month. The Diabetes Self-Management group and Sleep Class occur on Tuesdays from 1-2:30 pm.

Involvement in the PC-MHI program within Primary Care involves experience and training in providing patient-centered care while working collaboratively with providers from other professions (e.g. psychiatrists, physicians, social workers, and nurse practitioners). Within this program, interns will be trained in a wide range of clinical activities, including brief evidence-based psychotherapy, integration of behavioral health practices into psychotherapeutic approach, and coordination of treatment within a multidisciplinary team of primary care and mental health providers. Program development is also a possibility depending on interns' time and needs. After completing the PC-MHI rotation, interns will be able to:

- Develop/complete brief evidence-based assessment and treatment plans for patients within primary care
- Deliver brief versions of evidence-based psychotherapy for the depressive and anxiety disorders.
- Provide brief interventions for related disorders and conditions (stress management, anger management, sleep disturbance, mild substance abuse)

- Communication/coordinate assessment/treatment findings through direct interactions with providers within the VA Primary Care and PCMHI programs.

Currently two groups are available under this rotation 1) Mindful living with chronic illness (Tuesdays 9-10:30am) and 2) Relaxation/Meditation drop-in group (2nd and 4th Tuesday of the month 3-4pm). Interns are expected to attend our weekly interdisciplinary meetings held Wednesdays 10-11am.

Psychosocial Rehabilitation and Recovery Program (Pathways Recovery Center: A Mental Health Psychosocial Recovery Program)

Supervisor: Richard Tingey, Ph.D.

Program: The Pathways Recovery Center (PRC) blends active mental health treatment with practical rehabilitation and recovery work. As part of this healthcare facility's mental health services, it provides continuity of care between the inpatient units/acute care and other less intensive outpatient programs, while promoting community reintegration. The center is intended for Veterans dealing with severe and chronic mentally conditions such as schizophrenia, schizoaffective disorder, severe depression, bipolar disorder or severe personality disorders. The programming is designed to assist them in moving the focus of their life away from their mental illness, and towards functioning in a meaningful way within their community. We also provide concurrent treatment for clients who also have a drug or alcohol problem via our Addictions Treatment Track. The PRC is available to assist Veterans in making the psychological, emotional, and social transition towards MH recovery, particularly when it cannot be achieved using more traditional outpatient services. We have an excellent interprofessional team (psychologist, psychosocial rehab fellow, psychiatrist, nurses, MH health technician, peer support specialist, and occupational therapist) that provides the care noted above and really enjoys the opportunity to work with interns.

Psychology Training Provided: Interns can leave the PRC having done almost everything that the regular staff does. They do intake assessments, provide individual and group psychotherapy, case coordination, crisis intervention, treatment/recovery planning, psychological evaluations, community integration, discharge planning, and present in interdisciplinary rounds. They may choose to emphasize one or two areas or opt to sample it all. They may be fairly independent and lead groups on their own, or team up with other staff members. These experiences are spread through the rotation to give the intern time to adjust and to reflect. The staff members are quite flexible and are very skilled at providing the type of training the intern seeks.

Program for Traumatic Stress (Combat PTSD)

Supervisors: Shelly Crosby, Psy.D., John Huang, Ph.D., Lauren Glamb, Psy.D., Deirdre Lopez, Ph.D., & Rachel Stewart, Ph.D.

Program: Trainees can choose a specific emphasis area within the combat PTSD program based on the emphases provided by supervisors' descriptions below.

PTSD and Mindfulness (John Huang, Ph.D.): Dr. Huang conducts a 12-week closed Combat PTSD Group which focuses on group process and psycho-educational topics. It is a group generally ranging from 12-16 people, with an emphasis on forming a group alliance and teaching coping skills. He also leads the Mindfulness and PTSD group, which focuses on the practice of mindfulness in dealing with PTSD and general stress. Mindfulness is a type of meditation with three main components: focusing on the present moment, using full awareness, and having a non-judgmental, accepting attitude. He also facilitates the monthly mindfulness meeting, which entails additional supervision on mindfulness topics and a discussion group on different mindfulness readings and practices. Dr. Huang also conducts a relaxation group as well as a Transitions group for Iraq and Afghanistan Vets, which contains about 60% court-mandated patients from veteran's court. He occasionally runs a Cognitive Processing Therapy (CPT) group and a CBT for Insomnia group. He sees a number of individual patients, using modalities such as CPT and Prolonged Exposure (PE) to do trauma-focused work. He is also trained in Acceptance and Commitment Therapy (ACT) for treating depression. Another one of Dr. Huang's interests is spirituality and psychology, especially in how spirituality facilitates coping, healing, and creating

meaning. Interns will have the opportunity to co-lead the combat PTSD, CPT, relaxation, and Mindfulness and PTSD groups. Interns would help facilitate the group process as well as lead some of the mindfulness and relaxation exercises. They would have an opportunity to learn CBT for insomnia if interested. They would also conduct intakes as well as individual therapy with this population. Dr. Huang would be able to supervise the trainee on CPT, PE, and ACT if the interns' individual patients are good candidates for the treatments. Required dates and times on the rotation include: Mindfulness Mondays 9am-10am, Cognitive Processing Therapy Tuesdays 1-230pm (for 13 wks), PTSD team meeting Wednesdays 8am-9am, PTSD didactics 2nd and 4th Thursdays of the month 12-1pm, and 12-week combat PTSD group Fridays 10-11am.

PTSD and Substance Use Disorders (PTSD/SUD; Lauren Glamb, Psy.D): The PTSD/SUD Program combines treatment for combat-related PTSD and co-occurring substance use disorders. Group or individual psychotherapies are available to Veterans of all eras who wish to manage their substance use or become abstinent entirely. Group therapy, which is designed to create and maintain patient stabilization, is psycho-educational in nature and provides participants with information about the link between substance abuse/dependence and PTSD, coping strategies for both disorders, and process time for related issues. After stabilization, Veterans can opt to do additional trauma-focused work. Interns have the option to co-lead harm-reduction based PTSD/SUD and Cognitive Processing Therapy groups. Dr. Glamb also supervises interns interested in providing Prolonged Exposure Therapy. In general, interns who select this rotation will obtain experience implementing Motivational Interviewing and the PTSD/SUD protocol "Seeking Safety," measures associated with PTSD and SUD (e.g., Brief Addiction Monitor [BAM] and PCL), and evidence-based individual therapies (e.g., Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, and Prolonged Exposure).

PTSD/Anger Management/DBT (Rachel Stewart, Ph.D.): Dr. Stewart primarily conducts intakes and provides individual therapy in the PTSD clinic. She is also the Anger Management coordinator, provides a general outpatient mental health Anger Management group, and supervises the PTSD clinic's Anger Management group. Dr. Stewart, is involved in the DBT program and provides individual and group DBT services as well as program development and consultation. Dr. Stewart also provides the following services: Cognitive Processing Therapy and Prolonged Exposure for PTSD, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Time Limited Dynamic Therapy (TLDP.) She has a particular interest in integrative treatments and the use of dynamic interventions in evidence based treatments. Additionally, Dr. Stewart has experience and interest in diversity and multicultural issues, mindfulness based treatments, spirituality, hypnosis, law enforcement populations, and sport psychology. A psychology intern working with Dr. will have opportunities to participate in a variety of services as described above, including Anger Management, DBT skills group and the DBT consultation team, ACT, CPT, PE, IPT, TLDP, and integrated treatments. If interested, groups in the PTSD clinic with an ACT, IPT, DBT, spirituality, or whole health focus can be developed and implemented with the intern. Dr. Stewart is also a Research Associate and participates in two studies related to PTSD: (1) a Department of Defense funded multisite project examining traditional PE versus PE with virtual reality, and D-cycloserine versus placebo for PTSD, and (2) a Cooperative Studies Project (CSP) examining PE and CPT with veteran on PTSD. Opportunities for ancillary involvement in the research projects may be possible, depending on availability and workload.

PTSD (Deirdre Lopez, Ph.D.): Dr. Lopez is returning to the Combat PTSD team in the fall of 2015 and will have opportunities for trainees to learn and practice intakes, Prolonged Exposure Therapy with individuals, and Cognitive Processing Therapy with individuals and/or in a group format. She also facilitates a Women's Combat PTSD group on Thursday evenings from 4:30 to 6pm. Other opportunities for group work involving skill-building will likely be available. Dr. Lopez's interests include EMDR therapy, resilience, posttraumatic growth, and moral injury. She aspires to create a group for treatment graduates who have identified "giving back" as a meaningful life value, and who wish to live this value fully through service to other Veterans.

Spinal Cord Injury/Dysfunction (SCI)

Supervisors: Sarah Fraley, Ph.D., David Kerner, Ph.D., and Linda Mona, Ph.D.

Program: The Spinal Cord Injury/Dysfunction (SCI) Health Care Group is the largest SCI center in the United States. It is a thriving program, with some of the greatest resources in the entire hospital. Patients in this setting present a broad spectrum of spinal cord injuries. from the newly injured individual facing a catastrophic life change, to the individual injured many years ago who is now coping with decreased functional ability as a result of the aging process. Five staff psychologists, along with interns and pre-interns, provide mental health and behavioral health services to veterans with spinal cord injuries on an inpatient and outpatient basis.

Spinal cord injuries can result from traumatic injury such as gunshot wound or motor vehicle accident, or from a variety of non-traumatic causes such as multiple sclerosis. Persons with spinal cord injuries are classified as either tetraplegic or paraplegic. The tetraplegic (quadriplegic) individual has experienced a traumatic injury or impairment in one or more cervical segments of his or her spinal cord, resulting in sensory and motor loss in the arms, hands, as well as in all areas below the damaged level. Paraplegics have damaged or diseased spinal cords in the thoracic, lumbar, or sacral segments, causing loss of sensory and motor function (paralysis) at the point of injury and below.

Spinal cord injury rehabilitation and treatment demands a broad interdisciplinary approach, both for acute rehabilitation and for ongoing care. The psychologists and interns work within closely-knit teams that include physicians, pharmacists, social workers, rehabilitation therapists, case managers, dietitians, respiratory therapists, psychiatrists, and especially the nursing staffs of the three SCI units. Psychology staff assesses each patient and provide interventions that address a wide variety of adjustment, mental health, and health behavior concerns. Dr. Kerner is on the acute rehab team in SCI, but he is not licensed in California. Hence, he has been a perennially favorite supervisor among pre-interns. Frequently-seen problems include adjustment to disability; depression and anxiety; pain; and compliance/adherence concerns. Intervention approaches include individual counseling, education, and psychotherapy, sex therapy, relaxation training, pain management, social skills training, patient education, couples therapy, and psychosocial support for the injured person's family and other social support systems. In addition, close consultation with the SCI team forms a central part of the psychologist's role.

Psychology Training Provided: Interns obtain experience in observing, evaluating, and facilitating the adjustment of individuals following a disabling injury. The intern learns to promote coping strategies and assist reintegration into meaningful life activities and roles. Interns gain valuable experience working within interdisciplinary medical teams and also within a consultation-liaison framework. It is expected that the intern will fulfill the behavioral health needs of the unit through assessment, consultation, treatment, and the use of appropriate referrals. Longer-term outpatient work is also available, as are opportunities for staff in-service training. The concepts and strategies learned are not unique to the treatment of spinal cord injury patients, but can be generalized to other medical populations. It is not expected or necessary for trainees to have specific interest in spinal cord injury per se. Because so many job openings for psychologists now require some background working with physicians and medical teams, this rotation is especially useful for interns seeking to enhance their marketability in that area.

Substance Abuse Treatment Clinic (SATC)

Supervisor: Henry C. Benedict, Ph.D.

Program: The outpatient substance abuse treatment clinic (SATC) is composed of a mixed population of dual diagnosis, dual addiction and alcohol only patients. The Veterans in this program are often, but not always, graduates of an intensive inpatient program who then come to SATC for follow up treatment. Others come straight to SATC because they have stable housing. The groups are process in nature covering all aspects of recovery from addiction and co-morbid disorders. Veterans in this group are also provided with individual psychotherapy opportunities, vocational rehabilitation counseling, and HUD/VA Supported Housing.

Psychology Training Provided: Interns can expect to participate in all aspects and activities of the program. Examples include acting as co-therapist in groups of 10-15 patients, counseling individual cases, doing intake interviews with and without the use of psychological testing, and participating in one-

and three-week treatment plan updates. The training experience should provide the intern with an understanding of the dynamics of substance abuse in the dually diagnosed and dually addicted patient, and the techniques involved in their treatment. Every Wednesday from 8:30-10AM we have SATC meetings and staffings of selected patients. Thursdays are key days with a groups from 1-2PM and 6-7:30PM. I do a pre bed and stabilization group every Wednesday from 2-3PM but only pre interns can attend because of the intern seminar.

Women's Mental Health Center (WMHC) & PTSD

Supervisors: Linda R. Baggett, Ph.D., Suzanne M. Hilleary, Ph.D., Gretchen L. Sholty, Ph.D., & Camila R. Williams, Ph.D.

Program: The Women's Mental Health Center (WMHC) exists to serve the specific needs of women Veterans. The clinic functions as an outpatient center with both group and individual therapy options for female Veterans. Additionally, the clinic offers the L.I.F.E. Program, a 12-week group-based treatment program for women with a history of sexual trauma. Trainees on this rotation have the opportunity to have involvement in the L.I.F.E. Program as well as other outpatient groups and individual therapy.

Outpatient Psychotherapy

We offer individual and group psychotherapy, including a variety of evidence-based treatments such as Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavioral Therapy, and Seeking Safety. We offer a variety of outpatient groups exclusively for women that vary depending on current staff/trainees and interest level of the women Veterans. Some of the groups we have offered are: Mood Group (CBT for Depression and Anxiety), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Interpersonal Skills, Trauma and Healthy Sexual Intimacy, Acceptance and Commitment Therapy (ACT) for Trauma, Trauma and Healthy Eating, Seeking Safety (PTSD and Substance Abuse), Yoga, and Integrative Restoration (IREST).

L.I.F.E. (Living Intentionally Fully and Empowered)

The L.I.F.E. Program is a 12-week, intensive treatment program for women with a history of sexual trauma, including Military Sexual Trauma (MST). It is an outpatient program with supported housing provided by US-VETS, Long Beach. The program includes structured groups and weekly individual therapy. The LIFE Program is integrative in its approach, utilizing attachment theory, cognitive, experiential, and mindfulness techniques as well as drawing on concepts from Cognitive Processing Therapy, Dialectical Behavioral therapy, Acceptance and Commitment Therapy (e.g., moving forward consistent with one's values), and Narrative therapy (e.g., being the author of one's life).

Psychology Training Provided: On this rotation, training is heavily influenced by the intern's training needs and interests. Interns will typically participate in two to three groups and carry a caseload of five to seven individuals with a variety of presenting problems, including but not limited to Posttraumatic Stress Disorder, Depression, Panic Disorder, personality disorders, couples therapy, LGBT concerns, and relationship problems. Most of the patients on this rotation have a complex trauma history, often including childhood physical, emotional, and/or sexual abuse, and a large number of our referrals for therapy are for PTSD related to Military Sexual Trauma (MST). Depending on the case, interns may engage in crisis intervention, short-term focused psychotherapy, or longer-term psychotherapy. In addition to clinical work, the training rotation includes attendance at WMHC staff meeting, individual and group supervision, and weekly didactics. Trainees in WMHC can participate in at least one LIFE group, which are on Tuesdays and Thursdays, and staff meeting is held on Thursdays at 12pm in which trainees are encouraged to attend. Supervisors are flexible to coordinate with trainees' schedule and their other rotations.

Requirements for Completion

In order to successfully complete the internship year, the following criteria must be met:

1. Supervised Professional Experience:

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

All VA internships are exactly 52-week experiences. To successfully complete the program, each intern needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours. In the event of extended sickness, time off for pregnancy and child care or other exigencies, the intern may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the internship with the cohort class and necessitating the continuation of training into the subsequent training year. This is not in any means intended to be punitive, simply it's just a fact of life that comes with signing a commitment letter for VA training and our commitment to be flexible around unforeseen life events.

2. Satisfactory performance in all six clinical competency areas:

Before and during orientation week, interns' prior training experiences are reviewed. This is done to identify areas of strengths and weaknesses to facilitate the development of a training program that best meets the specific training needs of each intern. In keeping with our generalist philosophy, interns are encouraged to address those areas in which they have had limited experience (e.g., working with certain populations such as the severely mentally ill or substance abusers, particular assessment approaches such as use of neuropsychological instruments or personality testing, or exposure to various theoretical orientations).

It is expected that upon completion of the program all interns will demonstrate competence in the following six general domains:

- A. Clinical Procedures and Principles
- B. Assessment
- C. Treatment Planning
- D. Interventions
- E. Consultation and Liaison
- F. Professional Ethics

These competencies are assessed within a framework of increasing understanding and sensitivity to individual and cultural diversity in the delivery of psychological assessment, treatment, consultation and liaison and in the intern's development of a code of professional ethics. Competency is enhanced by both supervised clinical experience and didactics.

At the beginning of the training year, each intern receives a Psychology Intern Handbook that specifies the 49 required competency elements arrayed into the six general domains of competencies outlined above. At the completion of each training rotation, the intern is rated on all competency elements that apply to that rotation. Items in the Clinical Procedures and Principles, Consultation and Liaison, and the Professional Ethics sections are simply rated as "Fully Successful" or "Needs Improvement," while the elements in the sections on Assessment, Treatment Planning, and Interventions have three rating levels based on descriptive anchors. Level 1 indicates "Needs Constant Supervision and Requires Basic Training." Level 2 indicates someone who "Needs Frequent Supervision and Has Little Practical Experience." Level 3 indicates "Level for a Typical Intern upon Graduating from Our Program/Basic Knowledge and Expertise." While some interns may be functioning at a higher level than Level 3 especially toward the end of their internship year, we have designated Level 3 as the criteria-based acceptable level of functioning for all psychology interns by the completion of our training program. This refers to both basic clinical skills and appropriate use of supervision for a psychology student at the end of graduate training. In addition to these formal competency ratings, a narrative summary of the intern's performance over the evaluation period is provided, which offers more personalized and specific information about the intern's progress, performance, and clinical strengths and any areas that should be addressed for additional professional growth. Along with the rating on these core competencies, we also include a written narrative evaluation for the intern and to derive an information for final letters of completion to be sent to the academic training program after the successful completion of our internship.

3. Didactic Training:

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

Interns are required to attend the weekly Intern Seminar on Wednesday afternoons and the required didactics on their selected rotations. Each intern is also expected to present at one of the Mental Health Care Group Grand Rounds and Journal Club meetings during the training year.

4. Assessment Experience:

Interns are required to complete at least four comprehensive assessments and integrative reports during the year. These reports need to be submitted to the Training Directors.

5. Intern Project:

Interns must complete their Intern project and present the details and results of their projects at the end of year.

Facility and Training Resources

Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services to search entire text databases like Ovid, as well as VA Intranet and Internet resources for clinical work and research. Within the Psychology Department there is a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments, test scoring programs, and statistical programs (e.g., SPSS).

Administrative Policies and Procedures

The VA Long Beach Healthcare System's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Directors of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. An 8-page due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

Health (FEHB) and Life Insurance (FGLI):

FEHB: All legally married same-sex spouses are now eligible family members under a Self and Family enrollment. In addition, the children of same-sex marriages will be treated just as those of opposite-sex marriages and will be eligible family members according to the same eligibility guidelines. This includes coverage for children of same-sex spouses as stepchildren. For interns who already have a Self and Family insurance plan, coverage for their same-sex spouse will begin immediately upon notifying their FEHB carrier that there is a newly eligible family member.

FGLI: All legally married same-sex spouses and children of legal same-sex marriages are now eligible family members under the FGLI Program, which means that employees may add coverage for a same-sex spouse and any newly eligible children.

PSYCHOLOGY TRAINING STAFF CREDENTIALS AND INTERESTS

BAGGETT, Linda R.

Current VA Position: Staff Psychologist, Women's Mental Health Center

Area of Specialization: Counseling Psychology

Degree: Ph.D., University of Memphis, 2012

VA hire: August 2013

E-mail address: linda.baggett2@va.gov

Licensure: California (2013)

Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT).

Areas of Clinical Specialization: Women's Mental Health, Military Sexual Trauma (MST), Trauma, Sexual Health, LGBTQ community, diversity.

Publications: sexual health, body image, diversity

Professional Organizations: American Psychological Association

Teaching/Training Interests: Women's Mental Health, Military Sexual Trauma, sexuality, professional development

BENEDICT, Henry C.

Present VA Position: Staff Psychologist, Substance Abuse Treatment Clinic

Area of Specialization: Clinical Psychology

Degree: Ph.D., Washington University, 1967

VA Hire: 1967

E-mail address: henry.benedict@va.gov

Licensure: California (1969)

Theoretical Orientation: Integrative

Areas of Clinical Specialization: Psychodiagnostic evaluations; Chemical dependence including alcoholism, dual addiction and dual diagnosis; Individual and group psychotherapy

Publications: Cognitive dissonance, clinical exchange, dual diagnosis

Research Interests: Substance abuse, Posttraumatic Stress Disorder; ADHD with CSULB

Academic Appointments: Fuller Graduate School of Psychology

Professional Organizations: American Psychological Association

Intern Training Rotation: Substance Abuse Treatment Program

Teaching/Training Interests: All aspects of clinical psychology, therapy, diagnosis, etc.

CHEREJI, Elizabeth

Current VA Position: Staff Psychologist, Primary Care-Mental Health Integration Program

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of Southern California (USC) 2014

VA hire: October 2015

E-mail address: elizabeth.chereji@va.gov

Theoretical Orientation: Integrative, Cognitive Behavioral, Humanistic, Mindfulness, Existential

Areas of clinical specialization: Health psychology, substance abuse and co-occurring disorders, anxiety and mood disorders, mental health concerns among the homeless

Publications: Genetic and environmental factors associated with alcoholism; HIV risk reduction in homeless women; Hepatitis C with co-occurring pain and mental illness; treatment integrity

Teaching/Training interests: Psychosocial adjustment to medical concerns, coping with chronic illness, substance abuse (e.g., motivational interviewing, abstinence- and harm reduction-based approaches)

COLE, Kenneth D.

Present VA Position: Psychology Training Director

Area of specialization: Clinical Psychology, Adult Development and Aging

Degree: Ph.D., University of Southern California, 1981

VA hire: 1984

E-mail address: kenneth.cole@va.gov

Licensure: California (1983)

Theoretical orientation: Psychodynamic and Mindfulness

Areas of clinical specialization: Acceptance and Commitment Therapy, Lifespan Development

Publications: Interprofessional models of team care; Evaluation of health care teams in training settings;

Depression in the elderly and in nursing home settings

Research interests: Exploration of mindfulness-based interventions for stage in life problems

Academic appointments: Clinical Associate Professor, University of Southern California (USC)

Professional organizations: American Psychological Association; Assn of Contextual Behavioral Science

Teaching/training interests: Mindfulness-based treatment approaches and psychodynamic psychotherapy models

CROSBY, Shelly M.

Current VA Position: Staff Psychologist, Combat PTSD program

Area of Specialization: Clinical Psychology

Degree: Psy.D., Pepperdine University 2013

Pre-doctoral Internship: VA Greater Los Angeles, Ambulatory Care Center

Post-doctoral Fellowship: Long Beach VA, Combat PTSD program

VA hire: January 2015

E-mail address: shelly.crosby2@va.gov

Licensure: California (2014)

Theoretical Orientation: Integrative (primarily Cognitive Behavioral Therapy (CBT) with Humanistic and Acceptance and Commitment Therapy (ACT) influences)

Areas of clinical specialization: PTSD and co-occurring disorders (e.g. depression and substance use)

VA Certified in Cognitive Processing Therapy (CPT); trained in Prolonged Exposure, Seeking Safety, and mindfulness

Intern Training Rotation: Combat PTSD

Teaching/Training interests: Evidence-based treatment for trauma/PTSD (e.g. CPT and PE); education and outreach for diversity issues including the LGBTQ community, mentorship/professional development

EISENBERG, Stacy A.

Current VA Position: Staff Psychologist, Primary Care Mental Health Integration

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of Southern California 2014

VA hire: October, 2015

E-mail address: stacy.eisenberg@va.gov

Licensure: California (2015)

Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Mindfulness

Areas of clinical specialization: Health promotion/disease prevention; motivational interviewing; adjustment to chronic medical conditions (e.g., cardiovascular disease, cancer); chronic pain management; cognitive-behavioral treatment for insomnia

Publications: Coping with cancer, bidirectional relationship between physical health and emotional distress in patients with cardiovascular disease

Professional Organizations: Society of Behavioral Medicine, American Psychological Association, Association of VA Psychologist Leaders

Intern Training Rotation: Primary Care Mental Health Integration (PCMHI)

Teaching/Training interests: Health psychology, brief psychotherapy in primary care setting, interdisciplinary collaboration, professional development

FRALEY, Sarah S.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Impairment; Assistant Director of Training

Area of Specialization: Counseling Psychology; Spinal Cord Injury (postdoc at Rancho Los Amigos)

Degree: Ph.D., University of Iowa, 2004

VA hire: 2005; in Iowa returning to VA Long Beach November 2009

E-mail address: sarah.fraley@va.gov

Licensure: California (2005)

Theoretical Orientation: Integrative, Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Spinal Cord Injury

Publications/Research interests: women's health psychology, sexual coercion, sexuality and disability

Professional Organizations: American Psychological Association

Intern Training Rotation: Spinal Cord Impairment Health Care Group

Teaching/Training interests: Rehabilitation psychology, vicarious traumatization/burnout, issues relevant to new graduates (licensure, job seeking strategies)

FLORES, Marci E.

Present VA Position: Staff Psychologist; Behavioral Health Interdisciplinary Program (BHIP)

Area of specialization: Clinical Psychology

Degree: Psy.D., University of Hartford, 2014

VA hire: 2015

E-mail address: marci.flores@va.gov

Licensure: WA, 2015

Theoretical orientation: Integrative (Cognitive-Behavioral, Biopsychosocial, & Mindfulness based 3rd wave therapies)

Areas of clinical specialization: Evidence-based treatment of PTSD, Depression, and Anxiety including CBT, PE, CPT, ACT; Undergoing current training in DBT; Diversity and multicultural psychology

Publications/Research interests: treatment protocol for Hispanic families living with depression; impact of medical conditions on psychological development in childhood; impact of gender stereotypes in media on children; stigma

Training rotation: Behavioral Health Integration Program (BHIP)

Teaching/training interests: Case-conceptualization driven approach to evidence based treatment protocols with an emphasis on biopsychosocial factors and multicultural development

GANZ, Michael

Present VA Position: Staff Psychologist

Area of specialization: Clinical Psychology

Degree: Ph.D., Biola University/Rosemead School of Psychology, 2008

VA hire: December 2014

E-mail address: michael.ganz@va.gov

Licensure: Hawaii (2009), California (2010)

Theoretical orientation: Presentation specific: EFCT, CBCT-PTSD, CBT, CPT, ACT, Psychodynamic

Areas of clinical specialization: Couples Therapy, Clinical Military Psychology

Publications/Research interests: Combat-specific coping and implications for treatment; Implementation of conjoint therapies to treat refractory PTSD symptoms; Connectedness as a modulator for resiliency

Training rotation: Couples Therapy

Teaching/training interests: Focus on EFCT, CBCT-PTSD, CBT

GEREN, Jennifer

Present VA Position: Staff Psychologist

Clinical Psychology (PhD)

Degree: 2013, University of Southern California

VA hire: 2015

E-mail address: Jennifer.Geren@va.gov

Licensure: CA, 2014

Theoretical orientation: Behavioral, Cognitive-Behavioral including 3rd wave therapies, Family Systems

Areas of clinical specialization: Geropsychology, Health Psychology/Behavioral Medicine, Hospice and Palliative Care

Publications/Research interests: aging and emotion, couples coping with chronic health problems, psychotherapy with older adults

Training rotation: Community Living Center (CLC)

Teaching/training interests: Evidence-based psychotherapy with older adults, neuropsychological assessment, end-of-life care, interdisciplinary team consultation and integration, ethical issues concerning older adult care.

GLAMB, Lauren J.

Degree: Psy.D, Pepperdine University, 2011

Postdoctoral Training: Long Beach VA (PTSD)

VA hire: 2012

E-mail address: lauren.glamb2@va.gov

Licensure: California

Theoretical orientation: Cognitive-Behavioral, Mindfulness

Areas of Clinical Specialization: Trauma

Publications: Diversity and trauma, sexual trauma

Professional Organizations: American Psychological Association

Intern Training Rotation: PTSD and Substance Use Disorders (PTSD/SUD)

Teaching/training interests: Evidence-based therapies, diversity issues, substance use disorders and trauma

Present VA Position: Staff Psychologist, PTSD and Substance Use Disorders

Area of specialization: Clinical Psychology

GOMEZ, Megan

Current VA Position: Staff Psychologist, Primary Care Mental Health Integration (PCMHI)

Area of Specialization: Clinical Psychology

Degree: Ph.D., Fuller Theological Seminary, Pasadena, CA 2014

VA hire: October 2015

E-mail address: megan.gomez@va.gov

Licensure: N/A

Theoretical Orientation: Integrative: Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT).

Areas of clinical specialization: Geropsychology, Neuropsychology

Publications: Pre-clinical Alzheimer's disease, Cognition in Parkinson's disease, Impulse Control Behaviors in Parkinson's disease

Intern Training Rotation: PCMHI

Teaching/Training interests: neurodegenerative diseases, cognition, aging, lifestyle factors, professional development

HILLEARY, Suzanne M.

Present VA Position: Psychologist, Director of Women's Mental Health Center

Area of specialization: Women's Mental Health

Postdoctoral Training: Neuropsychology

Degree: Ph.D.: Fuller Graduate School of Psychology, 2010

VA hire: 2012

E-mail address: suzanne.hilleary@va.gov

Licensure: California (2012)

Theoretical orientation: CBT/Psychodynamic (Object Relations)

Areas of clinical specialization: PTSD, Sexual Trauma treatment, Neuropsychological Assessment

Publications: Metabolic levels in the corpus callosum and their structural and behavioral correlates after moderate to severe pediatric TBI

Research interests: Traumatic Brain Injury, Memory and Aging, PTSD

HOLLER, Rhea

Present VA Position: Staff Psychologist

Area of Specialization: Clinical Psychology

Degree: PsyD., 2010, Azusa Pacific University, 2010

VA hire: 2015

E-mail address: Rhea.Holler@VA.gov

Licensure: CA, 2012

Theoretical orientation: Cognitive Behavioral, Dialectical Behavioral

Areas of clinical specialization: DBT, CBT, suicide prevention

Publications/Research interests: Effectiveness of DBT in real-world settings, professional quality-of-life and wellness/burn-out prevention for mental health providers

Training rotation: Interprofessional Mental Health Education Program/DBT emphasis

Teaching/training interests: DBT, suicide prevention, CBT, CBASP (for treatment resistant chronic depression)

HORIN, Elizabeth V.

Current VA Position: Staff Psychologist, Blind Rehabilitation Center; Interim Director – Psychology Postdoctoral Fellowship Program

Area of Specialization: Clinical Psychology; Community Psychology

Degree: Ph.D., DePaul University, 2008

ABPP: Rehabilitation Psychology, 2014

VA Hire: 2009 (transferred to Long Beach VA in 2012)

E-Mail Address: elizabeth.horin@va.gov

Licensure: Illinois (2010), California (2014)

Theoretical Orientation: Integrative; Cognitive-Behavioral

Areas of Clinical Specialization: Rehabilitation and adjustment to disability and/or chronic health conditions; multicultural assessment; clinical psychology in medical and rehabilitation settings; geropsychology; health psychology; neuropsychology; behavioral sleep medicine and cognitive-behavioral treatment for insomnia

Professional Organizations: American Psychological Association; ABPP

Intern Training Rotation: Blind Rehabilitation Center

Teaching/Training Interests: Rehabilitation and coping with and adjustment to disability and/or chronic health conditions; visual impairment and blindness; multicultural assessment; issues relevant to new graduates/early career psychologists

HOUSE, Adrienne I.

Present VA Position: Staff Psychologist, HIV/Oncology, Hospice, Dialysis

Area of Specialization: Clinical Psychology

Degree: Ph.D., Washington University in St. Louis, 1985

VA hire: 1992

E-mail Address: adrienne.house@va.gov

Licensure: California (1989)

Theoretical Orientation: Cognitive-behavioral, humanistic

Academic Appointments: Fuller Graduate School of Psychology

Professional Organizations: Divisions 38 and 45 of APA; Psychologists for Social Responsibility

Intern Training Rotation: Infectious Disease Clinic, Oncology, & Nephrology Consultation

Teaching/Training Interests: Psychological adjustment to chronic and life threatening illness, psychological work with the terminally ill, Buddhism and its application to psychology

Academic Appointments: Fuller Graduate School of Psychology

Areas of clinical specialization, special interests, and links to resources and information:

Health psychology, coping with HIV disease, cancer and other chronic illnesses, end of life care and integrating Buddhism and mindfulness into psychotherapy

- [HIV/AIDS Home](#): VA's website for HIV/AIDS. There are portals for health care providers and for veterans and the public
- [CDC HIV/AIDS](#)
- [Project Inform](#)'s website has a wealth of information to help you keep up on the rapid developments in treatments for HIV/AIDS. They offer an introductory packet for people newly diagnosed with HIV, fact sheets on disease and treatment issues and newsletters.
- [National Cancer Institute](#)
- [Cancer-Pain.org](#)
- [American Psychosocial Oncology Society](#)
- [International Psycho-Oncology Society](#)

- [Treatment Methods for Kidney Failure](#) A series of booklets and fact sheets from the National Institute of Diabetes and Digestive and Kidney Diseases (part of the National Institutes for Health) Death, dying and grief:
- [Hard Choices for Loving People](#), an excellent resource regarding end of life decisions for both professionals and patients and their families.
- [Being With Dying - Upaya Zen Center](#): Articles and links from Roshi Joan Halifax who founded the Upaya Institute to provide training on contemplative end of life care to professionals working with terminally ill clients
- [The Institute for Meditation and Psychotherapy](#): is a non-profit organization dedicated to the education and training of mental health professionals interested in the integration of mindfulness meditation and psychotherapy, for the purpose of enhancing the therapy relationship, the quality of clinical interventions, and the well-being of the therapist
- [The Mindfulness Solution](#): Website accompanying Ron Siegal, Psy. D's book The Mindfulness Solution: Everyday Practices for Everyday Life. You can download the meditations he includes in his book.
- [The Compassionate Mind Foundation](#): Research on the application of compassion practices in psychotherapy.
- [Mindfulness](#): Relatively new journal published by Springer. Articles are available for free to download.
- [Mindful Self-Compassion by Christopher Germer](#): Website companion to Dr. Germer's book with link to downloadable audio meditation files
- [Self-Compassion: A Healthier Way of Relating to Yourself](#): Kristen Neff's site. Includes definition of self-compassion, exercises, guided meditations (downloadable), research chapters and articles, scales for researchers, suggested readings and links to other sites.

HUANG, John S.

Current VA Position: Staff Psychologist, PTSD Programs

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of California, Santa Barbara, 2003

VA hire: 2006

E-mail address: john.huang2@va.gov

Licensure: California (2005)

Theoretical Orientation: Eclectic, Cognitive-Behavioral, Interpersonal Process

Areas of clinical specialization: Diversity issues, PTSD, meditation/relaxation

Publications/Research interests: Diversity and mental health.

Professional Organizations: Association for Contextual Behavioral Science

Intern Training Rotation: PTSD Clinic

Teaching/Training interests: Diversity; Buddhism, Christianity

Hinduism, and Native American spirituality.

HUNG, Juliet

Present VA Position: Staff Psychologist, Santa Ana CBOC

Area of Specialization: Clinical Psychology, trauma, EBP, psychodynamic, and psychological testing

Degree PhD, 2000, California School of Professional Psychology (CSPP – LA Campus)

APA Accredited Postdoctoral Fellowship at the Menninger Clinic, Topeka, KS 2001

ABPP in Clinical Psychology, 2014

VA Hire: 2006

E-mail address: Juliet.Hung@va.gov

Licensure: California, 2003

Professional Activities Outside the VA: ABPP

Professional Organizations: American Psychological Association, ABPP

Intern Training Rotation: Outpatient Mental Health/Community Based Outpatient Clinic

Teaching/Training Interests: Interests include: EBP (CPT/CBT, PE, DBT, etc.), psychodynamic psychotherapy, differential diagnosis, individual and group psychotherapy, professional training &

development, forensic psychology and the assessment and treatment of personality disorders, trauma-related disorders and disordered eating behaviors.

JACKSON, Lauren

Current VA Position: Staff Psychologist

Area of Specialization: Clinical Psychology

Degree: Psy.D., Pepperdine University, 2010

VA hire: 2015

E-mail Address: lauren.lovatojackson@va.gov

Licensure: California (2012)

Theoretical Orientation: CBT/DBT

Areas of Clinical Specialization: Trauma-focused treatments including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); treatment of Borderline Personality Disorder (BPD) using Dialectical Behavior Therapy (DBT); Treatment of BPD and PTSD using the DBT+PE conjoint protocol; treatment of chronic depression using Cognitive Behavioral Analysis System of Psychotherapy (CBASP)

Publications/Research interests: Treatment of individuals with co-occurring Posttraumatic Stress Disorder and Borderline Personality Disorder; Clinician implementation of exposure-based treatments for PTSD.

Teaching/training interests: Case-conceptualization driven treatment; DBT; DBT+PE; CBASP

KENIGSBERG, Martin I.

Current VA Position: Staff Psychologist

Area of Specialization: Clinical Psychology

Degree: Ph.D., Pennsylvania State University, 1978

Postdoctoral Training: Stanford University Medical Center, 1980

Diplomate/fellow Status: FAACP, A.B.P.P.

VA Hire: 1980

E-mail Address: martin.kenigsberg@va.gov

Licensure: California (1979)

Theoretical Orientation: Cognitive-behavioral, family systems

Areas of Clinical Specialization: Clinical and health psychology, consultation-liaison psychology

Publications: Preventive medicine, behavioral self-management, smoking cessation

Professional Activities Outside VA: Examiner, American Board of Professional Psychology; Trustee, and Past President, National Organization of VA Psychologists; Board of Directors, Academy of Clinical Psychology

Professional Organizations: American Board of Professional Psychology, Academy of Clinical Psychology, National Organization of VA Psychologists

Intern Training Rotation: Medical and Surgical Consultation/Liaison Services

Teaching/Training Interests: Health psychology/behavioral medicine, cardiac rehabilitation, psychotherapy, psychological assessment, consultation-liaison

KERNER, David N.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Impairment

Area of Specialization: Clinical Psychology

Degree: Ph.D., Joint Doctoral Program, UC San Diego/San Diego State University, 1998

VA hire: 2001

E-mail address: david.kerner2@va.gov

Licensure: Illinois (2000)

Theoretical orientation: Cognitive-Behavioral

Areas of clinical Specialization: Medical psychology, rehabilitation psychology, chronic pain management

Publications: Outcome methodology, health psychology

Professional organizations: American Psychological Association

Intern Training Rotation: Spinal Cord Impairment Health Care Group

Teaching/training interests: Medical/health psychology, rehabilitation psychology, physiological psychology, pain management.

KRAEMER, LIA M.

Present VA Position: Health Behavior Coordinator
Area of specialization: Clinical Psychology
Degree: Ph.D., UCLA, 2009
VA hire: 2011
E-mail address: lia.kraemer@va.gov
Licensure: California, 2011
Theoretical orientation: Integrative; Cognitive-Behavioral
Intern training rotation: Health Promotion and Disease Prevention
Teaching/training interests: Health psychology/behavioral medicine, consultation, psychotherapy

LACASCIA, Peggy K.

Degree: Psy.D, Pepperdine University
Internship: US Air Force, Wilford Hall Medical Center
US Air Force, 1994-2008
VA hire: 2008, VA Long Beach 2013
E-mail address: peggy.lacascia@va.gov
Licensure: Alabama
Theoretical orientation: Cognitive-Behavioral
Areas of Clinical Specialization: Combat Trauma
Teaching/training interests: Evidence-based Therapies, Women Veterans Issues
Present VA Position: Staff Psychologist, Mental Health and PTSD
Area of specialization: Clinical Psychology

LAU, Angela W.

Current VA Position: Staff Psychologist, Home-Based Primary Care
Area of Specialization: Clinical Psychology
Degree: Ph.D., West Virginia University, 2000
VA hire: November 2009
E-mail address: angela.lau@va.gov
Licensure: California (2003)
Theoretical Orientation: Behavioral, Cognitive-Behavioral
Areas of clinical specialization: Clinical geropsychology, behavioral medicine, anxiety disorders
Publications: Minority mental health, aging, anxiety, professional development
Professional Organizations: American Psychological Association, APA Div12/II (Clinical Geropsychology)
Intern Training Rotation: Home-Based Primary Care
Teaching/Training interests: Diversity and mental health, clinical geropsychology, behavior and cognitive-behavioral therapies, professional development

LOPEZ, Corina

Present VA Position: Primary Care Psychologist, Co-Health Behavior Coordinator
Area of specialization: Clinical Health Psychology
Degree: PhD, University of Miami, 2013
VA hire: 2015
E-mail address: corina.lopez@va.gov
Licensure: CA 2015
Theoretical orientation: Integrative (CBT, behavioral, insight oriented, existential, humanistic)
Areas of clinical specialization: Clinical and health psychology, consultation-liaison psychology, mindfulness and meditation, Psychooncology/end of life/hospice
Publications/Research interests: Psychological and Physical effects of Cognitive Behavioral Stress Management Interventions in chronically ill populations, Ethnic Identity and Perceived Stress
Professional organizations: American Psychological Association, Division 38
Intern training rotation: Health Promotion and Disease Prevention
Teaching/training interests: Health Psychology, Behavioral Medicine, mindfulness/meditation, psychotherapy

LOPEZ, Deirdre

Present VA Position: Staff Psychologist
Area of specialization: Clinical Psychology
Degree: Ph.D, University of Missouri--Columbia, 1996
VA hire: 2009
E-mail address: deirdre.lopez2@va.gov
Licensure: CA 17810, 2002 (prior licensure in Missouri)
Theoretical orientation: Humanistic, cognitive-behavioral, psychodynamic
Areas of clinical specialization: Trauma and PTSD
Publications/Research interests: Trauma and attachment, moral injury, somatic trauma processing, EMDR
Training rotation: Combat PTSD
Teaching/training interests: EMDR, possibly moral injury

MacMILLAN, Lauren Fox

Current VA Position: Staff Psychologist, Geropsychology
Area of Specialization: Clinical-Aging Psychology
Degree: Ph.D., University of Southern California, 2001
VA Hire: 2007
E-mail address: lauren.macmillan@va.gov
Licensure: California (2006)
Theoretical orientation: Integrative
Areas of Clinical Specialization: Neuropsychological assessment with older adults, specifically differential diagnostic evaluations, progressive vs. reversible neurocognitive impairments. Psychotherapy regarding aging-related issues (chronic or life-threatening illness, disability, care giving, death and dying, bereavement, meaning-making and purpose in old age, family systems issues), depression and anxiety. Integrating Buddhist philosophy and meditative/ mindfulness practices into psychotherapy. Program development for persons with dementia.
Publications/Research interests: Caregivers of people with dementia, Lewy body disease, neuropsychological assessment of dementia, emotion in older adults, moods and memory, anxiety and attention, empirically validated psychological interventions for older adults.
Professional Organizations: American Psychological Association, Gerontological Society of America
Intern Training Rotation: Community Living Center & Geriatric Evaluation and Management (CLC & GEM)
Teaching/Training interests: Assessment with older adults (general, neuropsychological, and capacity), interventions with older adults, Pikes Peak competencies in Geropsychology, Interdisciplinary team functioning and consultation, mindfulness and meditation.

MESSINIDES, Leigh A.

Present VA Position: Staff Psychologist, Local Evidence-Based Psychotherapy Coordinator
Area of Specialization: Clinical Psychology, aging and trauma, health psychology
Degree: Ph.D., UCLA 1992
VA Hire: 1992
E-mail address: leigh.messinides@va.gov
Licensure: California, 1993
Professional Activities Outside the VA: APA Division 48 (Society for the Study of Peace, Conflict, and Violence)
Professional Organizations: American Psychological Association
Intern Training Rotation: Outpatient Mental Health/Community Based Outpatient Clinic
Teaching/Training Interests: developmental aspects of trauma, [attachment theory](#), social justice issues in clinical psychology, how psychotherapy is informed by the empirical process

MCDUGALL, Tatiana V.

Present VA Position: Staff Psychologist; Couples and Family Therapy
Area of specialization: Clinical/Community and Applied Social Psychology
Degree: Ph.D., University of Maryland, Baltimore County, 2014

VA hire: 2015

E-mail address: tatiana.mcdougall@va.gov

Licensure: MD, 2015

Theoretical orientation: Integrative (Cognitive Behavioral, Psychodynamic, and mindfulness-based/3rd wave therapies) with focus on interpersonal, attachment-based, and experiential approaches.

Areas of clinical specialization: Couples Therapy, Dialectical Behavior Therapy, Diversity and multicultural psychology

Publications/Research interests: Attachment style and stress in intimate relationships, impact of family factors on psychological health, minority student development

Training rotation: Couples Therapy

Teaching/training interests: Integrative case-conceptualization, attachment-based approaches (EFCT), and mindfulness-based approaches

MONA, Linda R.

Current VA Position: Assistant Director, Psychology Postdoctoral Training; Staff Psychologist, Spinal Cord Injury/Disorders

Area of Specialization: Clinical Psychology

Degree: Ph.D., Georgia State University, 1998

VA hire: 2002

E-mail address: linda.mona@va.gov

Licensure: California (2000)

Theoretical Orientation: Integrative; Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Multicultural and Diversity issues in Psychology, Sex therapy

Publications: Sexuality and Disability, Older adults and sexuality, PTSD and SCI, Disability Policy

Professional Organizations: American Psychological Association, Society for Disability Studies, American Association of Sex Educators, Counselors, and Therapists

Intern Training Rotation: Spinal Cord Injury/Disorder Health Care Group

Teaching/Training interests: Psychology of disability, rehabilitation psychology, sexual expression and sex therapy, diversity issues and cross-cultural psychology

NYASIO, Tara M.

Current VA Position: Staff Psychologist

Area of Specialization: PTSD, Primary Care-Mental Health Integration

Postdoctoral fellowship: Trauma/PTSD (VA Loma Linda)

Degree: PsyD, Fuller Graduate School of Psychology, Pasadena, CA, 2012

VA hire: October 2012; August 2015 (VA Long Beach)

E-mail address: Tara.Nyasio@va.gov

Licensure: California (2012)

Theoretical Orientation: Cognitive Behavior Therapy

Professional Organizations: California Psychological Association

Intern Training Rotation: Primary Care-Mental Health Integration

Teaching/Training interests: Trauma/PTSD, anxiety spectrum disorders, depression, short-term therapy

SCOTT, Andrea

Present VA Position: Staff Psychologist

Area of specialization: Clinical Psychology

Degree: PhD, Palo Alto University, 2013

VA hire: 2014

E-mail address: andrea.scott@va.gov

Licensure: CA, 2015

Theoretical orientation: Integrative (cognitive-behavioral; psychodynamic; motivational interviewing)

Areas of clinical specialization: Health psychology

Research interests: CIM (Complementary and Integrative Medicine)

Training rotation: Health Psychology/Behavioral Medicine

Teaching/training interests: Biofeedback, MOVE!, Bariatric surgery pre-op evaluations, Tobacco Cessation, CBT-I, MI

SHOLTY, Gretchen L.

Current VA Position: Staff Psychologist, Women's Mental Health Center; Director- Psychology Training Program

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of California, Los Angeles (UCLA) 2012

VA hire: September 2013

E-mail address: gretchen.sholty@va.gov

Licensure: California (2014)

Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT). VA Certified in Dialectical Behavioral Therapy (DBT) and Cognitive Processing Therapy (CPT).

Areas of clinical specialization: Women's Mental Health, Military Sexual Trauma (MST), Trauma and Sexual Health, LGBTQ community, Serious Mental Illness (SMI), Recovery-oriented treatment

Publications: schizophrenia, recovery-oriented programming, ACT for psychosis, sexual health

Professional Organizations: Association for Contextual Behavioral Science

Intern Training Rotation: Women's Mental Health Center

Teaching/Training interests: Women's Mental Health, Military Sexual Trauma, DBT, Recovery-oriented programming, professional development

STEWART, RACHEL E.

Present VA Position: Staff Psychologist & Research Associate

Area of specialization: Counseling Psychology

Degree: Ph.D., Washington State University, 2009

VA hire: Research 2011, Staff Psychologist 2012

E-mail address: rachel.stewart2@va.gov

Licensure: California (2011)

Theoretical orientation: Integrative (Cognitive Behavioral & Psychodynamic, mindfulness based 3rd wave therapies)

Areas of clinical specialization: PTSD, CBT/CPT, time limited dynamic psychotherapies, anxiety and mood disorders, interpersonal and relational issues, personality disorders, women's mental health and MST, law enforcement populations, sport psychology and performance enhancement.

Publications: Hypnosis and pain

Research interests: PTSD, psychodynamic therapy, hypnosis, sport psychology

Professional activities outside VA: Consultation with athletes, athletic organizations, police & law enforcement, and projects related to student veterans. Private practice with an emphasis on CBT.

Professional organizations: American Psychology Association, APA Division 56 Trauma Psychology

Intern training rotation: PTSD program

Teaching/training interests: Evidence Based Treatments versus tailored patient care, supervision, integration of psychotherapy orientations, PTSD assessment, vicarious trauma, and development of personal/professional balance as means to vital well-being.

TILLMAN, Shaquita

Current VA Position: PC-MHI Psychologist, Women's Health Clinic

Area of Specialization: Clinical Psychology

Degree: Psy.D., Pepperdine University (2012)

VA hire: October 2015

E-mail address: shaquita.tillman@va.gov

Licensure: California (2014)

Theoretical Orientation: Integrative (e.g., Cognitive Behavioral Therapy, Interpersonal/Psychodynamic psychotherapy, and Humanistic models). VA Certified in Cognitive Processing Therapy (CPT).

Areas of clinical specialization: Women's Mental Health, Military Sexual Trauma (MST), Intimate Partner Abuse, Substance Use Disorders, & Diversity/Multicultural Counseling.

Publications: Interpersonal Trauma (e.g., Child Sexual Abuse, Rape, Intimate Partner Abuse)

Teaching/Training interests: Women's Mental Health, Military Sexual Trauma, & Substance Use Disorders.

TINGEY, Richard C.

Present VA Position: Staff Psychologist; Director, Pathways Recovery Center

Area of Specialization: Clinical Psychology

Degree: Ph.D., Brigham Young University, 1989

VA Hire: 1995

E-mail address: richard.tingey@va.gov

Licensure: California (1991)

Theoretical Orientation: Psychodynamic, Object Relations, Acceptance & Commitment Therapy (ACT)

Areas of Clinical Specialization: Severe chronic mental illness, addictive disorders

Publications: Psychotherapy outcome, outcome methodology

Research Interests: Therapy outcome, brief treatment, treatment efficacy, ACT, substance abuse

Professional Organizations: American Psychological Association, California Psychological Association, Association for Contextual Behavioral Science

Intern Training Rotation: Pathways Recovery Center: A mental health recovery program

Teaching Interests: Group psychotherapy, SA treatment, Psychodynamic Tx, ACT, DBT, Recovery from Severe Mental Illness

WEBSTER, Jeffrey S.

Present VA Positions: Chief Psychologist; Staff Neuropsychologist

Area of Specialization: Clinical Neuropsychology

Degree: Ph.D., University of Georgia, 1980

VA Hire: 1984

E-mail address: jeffrey.webster@va.gov

Licensure: Mississippi (1981), California (1993)

Theoretical Orientation: Cognitive-Behavioral

Areas of Clinical Specialization: Neuropsychological assessment and rehabilitation of brain-injured patients, behavioral medicine, gerontology

Publications: Neuropsychological assessment, assessment, and treatment of unilateral neglect, cognitive retraining following head injury, psychophysiology, stress management, biofeedback, assertion training, and behavioral approaches to physical rehabilitation

Research interests: Neuropsychological assessment and rehabilitation

Academic appointment: Department of Physical Medicine & Rehabilitation, UC Irvine Medical School

Professional organizations: International Neuropsychological Society

Intern Training Rotation: Neuropsychology and Rehabilitation Medicine

Teaching & Interests: Neuropsychological assessment, behavioral approaches to physical rehabilitation, computer applications in neuropsychological assessment, cognitive rehabilitation, and health psychology.

WILLIAMS, Camila R.

Current VA Position: Staff Psychologist, Women's Mental Health Center

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of Utah, Salt Lake City 2014

VA hire: October 2015

E-mail address: camila.williams@va.gov

Licensure: California (2016)

Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Family Systems. VA Certified in Cognitive Processing Therapy (CPT).

Areas of clinical specialization: Combat PTSD; Evidence-based treatment of PTSD, Depression, Anxiety, and Substance Abuse disorders; mindfulness/relaxation. Publications: Interpersonal processes in anxiety disorders; coping processes in combat PTSD; marital satisfaction and psychological functioning among spouses of combat Veterans with PTSD; spouses' perceptions of Veteran's PTSD; post deployment adjustment.

Professional Organizations: International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT)

Intern Training Rotation: Women's Mental Health Center

Teaching/Training interests: Evidence-based therapies, trauma, substance use disorders, and spirituality issues.

YADAVAIA, JAMES (Jamie)

Present VA Position: Inpatient Psychologist

Area of specialization: Clinical Psychology

Degree: PhD, University of Nevada, Reno, 2013

VA hire: 2014

E-mail address: James.Yadavaia@va.gov

Licensure: California, 2014

Theoretical orientation: Mindfulness/Acceptance-Based Cognitive-Behavioral Therapies (ACT, DBT), Traditional CBT, Motivational Interviewing

Areas of clinical specialization: Serious Mental Illness

Publications/Research interests: Mental Health Recovery Movement, LGBT Concerns, Self-Stigma, Self-Compassion

Intern training rotation: Inpatient Psychiatry

Teaching/training interests: Group and Individual Psychotherapy, Issues of Diversity in Clinical Work and Supervision, Collaboration within Interdisciplinary Teams

YAMINI-BENJAMIN, Yasmeen

Current VA Position: Staff Psychologist, Transition and Care Management Program – Veterans Transitions Clinic

Area of Specialization: Counseling/Clinical/School Psychology, Counseling Emphasis

Degree: Ph.D., University of California, Santa Barbara (UCSB) 2006

VA Hire: January 2009

Email address: Yasmeen.yamini-benjamin@va.gov

Licensure: New York (2010)

Theoretical Orientation: Integrative

Areas of Clinical Specialization: PTSD, Unipolar Depression, Panic Disorder, GAD, Life Transitions, Diversity

Publications: Impacts of Perceived Discrimination, Work Adjustment, Mental Health Treatment Court, Identity Development

Professional Organizations: None currently

Intern Training Rotation: None currently

Teaching/Training Interests: Counseling Psychology, Supervision, Diversity, Professional Development, PTSD

ZIZAK, Vanessa S.

Present VA Position: Neuropsychologist

Area of specialization: Clinical Neuropsychology

Degree: Ph.D.: Palo Alto University, 2010

VA hire: 2012

E-mail address: Vanessa.Zizak@va.gov

Licensure: California (2014)

Theoretical orientation: Integrative (CBT, psychodynamic, mindfulness, humanistic)

Areas of clinical specialization: Neuropsychological Assessment

Publications: Cognition and emotion in patients with Alzheimer's, Parkinson's, and Huntington's disease; depression and psychotic major depression, and in pre and post bariatric surgery patients.

Research interests: Aging, neurodegenerative illness, depression, and traumatic brain injury

Professional organizations: American Psychological Association Divisions 20 and 40; INS

Intern training rotation: Neuropsychology

Teaching/training interests: Comprehensive Neuropsychological Assessment and research

ZUEHLKE, Jessica B.

Present VA Position: Psychologist/Local Recovery Coordinator

Area of specialization: Psychosocial Rehabilitation (PSR) and Recovery/Clinical Psychology

Degree: Psy.D. University of Hartford, CT, 2008

Internship: Edith Nourse Rogers Memorial VAMC, Bedford, MA, 2007-2008

Clinical Fellowship: University of Rhode Island College Counseling Center, 2008-2009.

VA hire: 2009, Providence VA; transferred to VA Long Beach August 6, 2012

E-mail address: jessica.zuehlke@va.gov

Licensure: Rhode Island (2009), California (pending)

Theoretical orientation: Recovery-oriented, CBT, Mindfulness, Solution-Focused

Areas of clinical specialization: Psychosocial Rehabilitation and Recovery

Publications/presentations: Mental Health Recovery, System Redesign, Patient-Centered Care, Post-partum depression (dissertation)

Professional Interests: Program Development, System Redesign (trained as an SR Facilitator), Patient-Centered Care (Planetree model), Inpatient Recovery Transformation, Leadership Activities

Current and Former Psychology Interns

Class of 2015-2016

Taona Chithambo	University of Southern California
Ethan Eisen	George Washington University
Jennefer Ho	UC San Diego/San Diego State University Joint Doctoral Program
Hannah Jones	Fuller Graduate School of Psychology
Jason Lee	UC Berkeley
Denisse Tiznado	University of Missouri, Kansas City

Class of 2014-2015

Aaronson Chew	University of Wisconsin, Madison
Sandra Diaz	University of La Verne
Nina Eisenberg	Yeshiva University
Vitae Felix	Arizona State University
Kayleigh Hale	Pepperdine University
Jessica Salwen	SUNY, Stonybrook

Class of 2013-2014

Megan Gomez	Fuller School of Psychology
Shaina Katz	UCLA
Tatiana McDougall Weise	University of Maryland—Baltimore
Andrew (Drew) Petkus	SDSt/UCSD Joint Doctoral Program
Natalie Stroupe	University of Kansas
Camila Williams	University of Utah

Class of 2012-2013

Natalie Castriotta	UCLA
Daniel Kim	Rosemead School of Psychology
Corina Lopez	University of Miami
Elisha Mitchell	Saint Louis University
Erica Simon	Southern Methodist University
James Yadavaia	University of Nevada—Reno

Class of 2011-2012

Linda Baggett	University of Memphis
Lisa Finlay	Fuller School of Psychology
Jessica Heath	Syracuse University
Jody Leach	Rosemead School of Psychology
Anthony Rowley	Washington University
Gretchen Sholty	UCLA

Class of 2010-2011

Aaron (A.C.) Del Re	University of Wisconsin--Madison
Christine Holland	University of Illinois--Chicago
Annie Lin	Columbia University
Jessica Lohnberg	University of Iowa
Lauren Lopez	Fuller School of Psychology
Marsha Sargeant	University of Maryland

Class of 2009-2010

Suzanne Hilleary	Fuller School of Psychology
Sherrie Kim	Columbia University
Mercedes LaVoy	Washington State University
David Pan	University of Southern California
John Williams	State University of NY—Binghamton
Dina Wirick	Washington State University

Class of 2008-2009

Colleen Clemency	Arizona State University
Heather Eisele	University of Missouri-St. Louis
Emily Fine	University of Southern California
Aletha Miller	University of North Texas
Adria Pearson	University of Nevada—Reno
Marya Schulte	SDSt/UCSD Joint Doctoral Program
Maggie Syme	Kansas University

Class of 2007-2008

Jennifer Predolin	Pepperdine University
Gali Goldwaser	Colorado State University
Peter Harakas	Arizona State University
Jessica Lambert	State University of NY—Albany
Kirsten Lowry	University of Nevada—Reno
Kristin Reed	University of North Texas
Christine Rufener	Saint Louis University

Class of 2006-2007

C. Ashley Borders	University of Southern California
S. Karen Chung	University of Florida
Jennifer Fallon	Utah State University
Jed Grodin	University of Southern California
Jessica Link-Malcolm	University of North Texas
Anna McCarthy	University of Houston
Lauren Williams	University of Missouri—St. Louis

Class of 2005-2006

Deborah Chien	University of Southern California
Alyssa Epstein	Illinois Institute of Technology
Athena Hagler	SD State U/UC San Diego
Celine Ko	SD State U/UC San Diego
Christine Markow	Drexel University
Geoffrey Soleck	University of Iowa

Directions to the VA Long Beach Medical Center and Psychology Department

The VA Long Beach Healthcare Center is located on the corner of Bellflower Boulevard and Seventh Street in Long Beach. It is adjacent to California State University at Long Beach, and is just northeast of where Pacific Coast Highway intersects with Bellflower Blvd. and Seventh Street. For more information on orienting yourself to VA Long Beach, please check the VA Long Beach Website. www.longbeach.va.gov

Freeway access from the North on the San Diego Freeway (405)

- Take the Bellflower Blvd. exit going south.
- On Bellflower Blvd., after passing shopping areas and crossing Atherton Street, you will come upon CSU Long Beach on the left.
- Immediately after Beach Drive are the VA grounds, also on the left.
- Since you cannot make a legal left turn on Sam Johnson Road, you must go further to Palm Road where there is a left turn lane enabling you to enter the VA grounds through Gate 3.

Freeway access from the North on the San Gabriel Freeway (605)

- Take the Seventh Street (22 West) exit.
- After passing CSU Long Beach on the right on Seventh Street, you will come upon the VA, which is also on the right.
- Directions are easier if you pass the main VA entrance and make a right on Bellflower Boulevard.
- Take the second hospital entrance (Sam Johnson Road) and proceed straight (east) and park in the lots on your the left hand side after you pass the intersection with Canob Road.

Freeway access from the South on the San Diego Freeway (405)

- Take the Seventh Street (22 West) exit.
- After passing CSU Long Beach on the right on Seventh Street, you will come upon the VA, which is also on the right.
- Directions are easier if you pass the main VA entrance and make a right on Bellflower Boulevard.
- Take the second hospital entrance (Sam Johnson Road) and proceed straight (east) and park in lots on your the left hand side after you pass the intersection with Canob Road.

The Psychology main offices are located on hallway "A-2" on the second floor of Building 128.

- Proceed up the steps and cross the street and walk up the sidewalk to the right (west) of the Community Living Center.
- Voluntary services with a blue awning will be on your right.
- Keep walking straight until you enter through the double doors, make a right, and proceed down a long corridor. You'll get to an intersection, and please turn left there.
- Go through the sliding glass door and then make a right, following the signs for A-2. Make your second left and you'll see two elevators on the left.
- Take one up to the second floor, turn left, proceed down the hall to the end and check in with our Program Support Assistant Sue Suh in the Psychology office (A-200).
- The Director of Training is in the office within her office, A-201.
- If you need additional directions, please call us at (562) 826-5604.
- We'll have more information with acceptance announcements as to which building and room number we'll congregate in, and .pdf facility maps are available for email attachments upon request.